

Case Number:	CM14-0137653		
Date Assigned:	10/08/2014	Date of Injury:	09/01/2011
Decision Date:	01/07/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37 year old man with a date of injury of 9/1/11. He was seen by his provider on 7/31/14. He was 30 weeks status post left ankle reconstruction with DVT. He progressed out of his lace up ankle brace and presented in normal shoe gear. He still had mild pain and weakness but was able to walk and stand for 45 minutes. He wanted to return to work and presented for custom molded orthotics. His exam showed that he was neurologically grossly intact and ankle range of motion was improved compared to previous. He had mild pain over the surgical incision and mild antalgic gait. He had ankle instability noted during single limb balancing exercises. Lower extremity strength was 5/5 and foot range of motion was symmetric. He was cased for orthotics for his feet. At issue in this review is the request for purchase of custom molded orthotics (shoe inserts) for the left and right foot.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Purchase of custom molded orthotics (shoe inserts) for the left and right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Ankle Chapter: Orthotic Devices

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386.

Decision rationale: Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. This injured worker is status post left ankle reconstruction but he does not have a diagnosis of plantar fasciitis or metatarsalgia. The records do not substantiate the rationale for bilateral foot orthotics given his current medical issues. The medical necessity of custom molded orthotics (shoe inserts) for the left and right foot is not substantiated. The request is not medically necessary and appropriate.