

Case Number:	CM14-0186516		
Date Assigned:	11/14/2014	Date of Injury:	04/11/2014
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is an injured worker who sustained a work-related injury on April 11 2014. Subsequently, the patient developed a chronic bilateral ankle pain. According to a progress report dated on October 22 2014, the patient was complaining of bilateral ankle pain with a severity rated 6/10. The patient physical examination demonstrated bilateral ankle tenderness with painful active and passive motion. The patient was diagnosed with bilateral ankle sprain. The provider requested authorization for the followings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plaster Casting x2: 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): Orthotic devices

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: There is no documentation that supported the need for a Plaster Casting for this patient. The patient is not a s/p ankle surgery and there no documentation of tendinitis, ankle

or toes fracture and the need for a cast is not clear. Therefore, the request for Plaster Casting x2 is not medically necessary.

Custom Made Orthotic x2: 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): Orthotic devices

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: According to MTUS guidelines, 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. There is no documentation that the patient developed foot drop, plantar fasciitis or metatarsalgia. Therefore, the request for Custom Made Orthotic x2 is not medically necessary.