

Case Number:	CM14-0197237		
Date Assigned:	12/05/2014	Date of Injury:	12/11/1991
Decision Date:	01/23/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/24/2014

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 Physical Medicine Rehab and is licensed to practice in California. 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 57-year-old male with a date of injury of 12/11/1991. Mechanism of injury was stepping in a hole and injuring his ankle. His diagnoses include enthesopathy of knee, chronic pain syndrome, local infection of skin and subcutaneous tissue, derangement of ankle and foot joint. His diagnostic studies included a bone scan on 10/08/2014, indicating the tibiotalar joint has improved significantly, and minor arthritic change or mild inflammation may exist, the findings are subsequently improved when compared to the prior study. The injured worker's surgical history included an open reduction and internal fixation of his left ankle in 1991, and a second surgery 2 weeks after that for osteomyelitis. In the clinical note dated 10/30/2014, the injured worker had complaints of right lower back and ankle pain. Physical exam findings included decreased dorsiflexion and plantarflexion to the right ankle, and tenderness to deep palpation. The medications prescribed for the injured worker included ibuprofen 800 mg 1 tablet 3 times a day, Lidoderm 5% topical film apply 2 to 3 to the affected areas for 12 hours and then remove for 12 hours, Prevacid 30 mg delayed release 1 tablet a day. The treatment plan included ordering TENS unit supplies, patient education, and bone scan that was reviewed with the patient. The rationale for the request was due to needing a size 6E width, and needing to fit around his orthotics. He has not had a custom shoe through Worker's Comp in about 3 years. The Request for Authorization form is signed and dated 10/16/2014 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Orthotics Shoes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Orthotic Devices

Decision rationale: The request for custom orthotic shoes is not medically necessary. In the note dated 09/25/2014, from the injured worker's podiatric surgeon, he states he dispensed functional orthotics that fit well into the injured worker's shoes. In the clinical note of 10/02/2014, the injured worker stated he got his orthotics and they were much better. The Official Disability Guidelines state that orthotic devices are recommended for plantar fasciitis and rheumatoid arthritis. Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than 8 hours per day. The medical record did not address the injured worker's current ability or functional deficits with ambulation, or a diagnosis supported by the guidelines in order to provide the custom orthotic shoes. There is no timeline indicated in the guidelines for replacement of shoes, the injured worker just received new orthotic inserts in 09/2014. The request for orthotic shoes is not indicated at this time. Therefore, the request is not medically necessary.