

Case Number:	CM14-0206415		
Date Assigned:	12/18/2014	Date of Injury:	09/12/2008
Decision Date:	02/06/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/09/2014

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 Podiatrist 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:

According to the enclosed information, the original date of injury for this patient was 9/12/2008. According to the progress note dated 10/30/2014 this patient presented with left foot pain localized to the arches of both feet. Palpable pain was noted to the insertion of the posterior tibial tendon at the navicular tuberosity. Pain upon palpation to bilateral medial arches was noted as well. Patient states that the movable arch supports were slightly helpful. Inspection of current orthotics reveal breakdown, and are no longer supportive to patient's feet. Diagnoses include contusion injury to the medial aspect of the left ankle, left foot navicular fracture and calcaneal valgus secondary to contusion injury. Custom functional orthotics will recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral custom molded orthotics x2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Orthotic devices

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: After review of the enclosed information and the pertinent guidelines for this case, the request for bilateral custom molded orthotics x 2 is not medically reasonable or necessary according to the guidelines at this time. Chapter 14 of the MTUS guidelines states that: 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. According to the enclosed information and the enclosed progress notes, this patient does not have a diagnosis of plantar fasciitis or metatarsalgia. Therefore, this patient does not meet the MTUS guidelines for coverage of custom functional rigid orthotics. This request is not medically necessary.