MAXIMUS Federal Services

Case Number:	CM14-0208329		
Date Assigned:	12/19/2014	Date of Injury:	03/04/2010
Decision Date:	02/18/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 a 34 year old male with an injury date on 3/4/10. The patient complains of right ankle pain in the outer respect of the ankle per 9/15/14 report. The patient's right ankle pain occurs with walking/standing and increases the longer he's on his feet per 6/3/14 report. The patient states the ankle is very painful/stiff in the morning when taking his first steps per 6/3/14. Patient states that up, down, and side to side movements are painful and that cold weather increases discomfort per 6/3/14 report. Based on the 9/15/14 progress report provided by the treating physician, the diagnoses are:1. s/p inversion sprain, right ankle2. suspect tarsal coalition subtalar joint, right footA physical exam on 9/15/14 showed "limited movement of subtalar joint active and passive. Right ankle joint plantar flexion is slightly diminished. Otherwise movement of ankle and digits is within normal limits." The patient's treatment history includes medications, 24 physical therapy sessions, modified work duty. The treating physician is requesting custom made orthotics. The utilization review determination being challenged is dated 11/13/14. The requesting physician provided treatment reports from 6/3/14 to 12/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom made orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Online treatment guidelines (http://www.odg-twc.com/odgtwc/ankle.hlm)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot/ankle chapter, under orthotic devices.

Decision rationale: This patient presents with right ankle pain. The treater has asked for custom made orthotics on 9/15/14. Regarding shoe inserts and orthotic shoes for low back pain, ODG guidelines Foot/ankle chapter, under orthotic devices states, "Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. See also Prostheses (artificial limb). Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome). (Thomas, 2010) 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 eight hours per day. (Crawford, 2003) As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone."In this case, the patient presents with ankle sprain. There is no diagnosis of plantar fasciitis or a rheumatologic condition for which foot orthosis would be indicated. Furthermore, custom made orthosis is not supported by the guidelines. The request is not medically necessary.