

Case Number:	CM14-0208987		
Date Assigned:	12/22/2014	Date of Injury:	07/27/2008
Decision Date:	02/27/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] who has filed a claim for chronic ankle and foot pain reportedly associated with an industrial injury of July 27, 2008. In a Utilization Review Report dated December 4, 2014, the claims administrator denied a request for bilateral foot orthotics, seemingly citing lack of supporting information on the part of the attending provider. The claims administrator referenced a progress note of November 18, 2014 in its determination. The applicant's attorney subsequently appealed. In a November 18, 2014 progress note, the applicant reported persistent complaints of left ankle pain about the talus region. The applicant had had right knee surgery. The applicant's previous orthotics had worn out. New orthotics were endorsed while the applicant was returned to regular duty work. Healed surgical incision lines were noted about the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Foot Orthotics: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, rigid orthotics are deemed "recommended" for appropriate diagnoses. Here, the applicant appears to have chronic ankle and foot pain status post earlier ankle surgery. Earlier orthotics, the attending provider contended were helpful in attenuating the applicant's pain complaints as evinced by the applicant's successful return to and/or maintenance of regular duty work status. Furnishing replacement orthosis is, thus, indicated here, given the attending provider's reports that the previous orthoses have worn out. Therefore, the request is medically necessary.