MAXIMUS Federal Services

Case Number:	CM15-0001329		
Date Assigned:	01/12/2015	Date of Injury:	11/21/2013
Decision Date:	03/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/05/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male who reported an injury on 11/21/2013. The mechanism of injury was not provided. There was noted to be no surgical procedures. The mechanism of injury was the injured worker stepped off of a ledge and injured his left ankle. Prior therapies included wrapping the ankle. The injured worker underwent an MRI of the left ankle which revealed mild Achilles tendinosis, chronic plantar fasciitis involving the lateral plantar fascia, possible old injury of the superficial deltoid ligament, and the calcaneofibular ligament with low signal thickening and scarring. Thickening and scarring also involved the medial flexor retinaculum. The fluid tract along the posterior tibialis tendon in the leg were consistent with tenosynovitis. There were multiloculated ganglion cyst tracts along the anterior talofibular ligament. There was a small joint effusion of the talonavicular joint. The documentation of 10/02/2014 revealed the injured worker had an initial diagnosis of a severe sprain and strain in the left ankle and foot and left rear foot. The documentation indicated on 05/12/2014 the injured worker saw a doctor of podiatric medicine for a consultation and second opinion and the documentation indicated the injured worker required rigid arch shoes and custom orthotics semiaccommodative initially, then a semirigid pair. The injured worker complained of pain in the medial aspect of the left foot. The injured worker indicated that injections into the left foot and ankle 2 clinic visits ago did not give relief. The objective finding revealed the injured worker was full weightbearing with no antalgic limp on the left foot or ankle. Pronation was well controlled with a pair of foot orthoses worn in the injured worker's closed shoes on the bilateral feet. Gait was heel to toe without instability, but with pain in the left medial aspect of

the ankle anteriorly. The injured worker was noted to have areas of pain in the medial collateral ligaments and deltoid ligaments of the left ankle and rear foot. Light touch sensation was intact and reflexes were intact. The diagnosis was a severe sprain and strain of the left ankle and left rear foot. The treatment plan included a pair of molded custom made work boots and the application of combined high dye and low dye strapping of the left foot and left ankle with 1 inch tape. There was a Request for Authorization submitted for review dated 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pair of molded custom work boots, Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-373.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Shoes.

Decision rationale: The Official Disability Guidelines indicate that special footwear is recommended as an option for knee osteoarthritis. The clinical documentation submitted for review indicated the injured worker was utilizing shoe inserts and they were noted to be working well. There was a lack of documentation indicating a necessity for custom molded work boots. The rationale was not provided. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The injured worker's condition was not noted to be arthritic in nature. Given the above, the request for pair of molded custom work boots Qty: 1 is not medically necessary.