

Case Number:	CM15-0105229		
Date Assigned:	06/09/2015	Date of Injury:	11/16/2013
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38-year-old male patient, who sustained an industrial injury on 11/16/2013. He reported a fall injury with immediate pain to the ankles/feet, left greater than right. Diagnoses include joint pain-ankle, status post left ankle surgery, chronic pain, abnormality of gait, and neuralgia/neuritis of left ankle/foot. Per the doctor's note dated 4/27/15, physical examination revealed well-healed surgical scar, walk with abducted propulsive gait. Per the note dated 3/16/2015, he had complaints of stable intermittent pain in the medial arch and rear foot pain that increases with prolonged time on his feet. The physical examination revealed minimal amount of left rear foot abduction. The medications list includes percocet, ultracet and ibuprofen. He has had an x-ray of the left foot, which revealed stability and partial fusion with fixation hardware in place. He has undergone left ankle surgery on 2/28/2014. Treatments to date include NSAIDs, analgesic, physical therapy and custom orthotics. The plan of care included a request to authorize orthopedic shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopaedic shoes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

www.aetna.com/cpb/medical/data/400_499/0451.html,
www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot (updated 06/22/15) Orthotic devices.

Decision rationale: Q - Orthopaedic shoes. Per the ACOEM guidelines cited below "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." In addition per the cited guidelines orthotic devices are "Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis." Evidence of plantar fasciitis or rheumatoid arthritis is not specified in the records provided. In addition, patient was using custom orthotics. Response to this orthotics is not specified in the records provided. Significant evidence of functional deficits that would require an orthopedic shoe is not specified in the records provided. The medical necessity of Orthopedic shoes is not fully established for this patient at this juncture.