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| Case Number: | CM15-0106251 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 02/23/2009 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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: New York

Certification(s)/Specialty: Podiatrist

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 48 year old male who sustained an industrial injury on 2/23/09 when he slipped on a wet surface twisting his left foot. He did not fall to the ground. He underwent ankle surgeries in 9/2009 and 9/2012. He currently complains new left forefoot pain that developed over the past two to three months that the injured worker feels may be due to his brace. He also complains of increasing pain in his right heel. His pain level is 8/10. On physical exam there was tenderness over the left metatarsal head plantarly and there is some slight callus with decreased sensation. The left anterolateral ankle region is also tender. Medications are Celebrex, Aciphex, gabapentin, Flexeril. His urine toxicology screen 3/30/15 was consistent with medications prescribed. He is able to perform activities of daily living with medications. Diagnoses include pain in joint lower leg; causalgia lower limb; muscle spasm. He has three sessions of physical therapy for the left ankle; transcutaneous electrical nerve stimulator unit which does improve his pain; orthotic brace; diagnostic injections into the ankle without much success. In the progress note dated 2/2/15 the treating provider's plan of care includes request for bilateral foot orthotics, one pair as pain has increased in intensity and current pain control methods are not effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral foot orthotics, 1 pair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

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

Decision rationale: After review of the pertinent MTUS guidelines for this case, it is my feeling pair of orthotics for this patient should be recommended. It is well documented that this patient suffers with both heel pain and pain below his metatarsals, known as metatarsalgia. The MTUS guidelines state that rigid orthotics may be used for the treatment of plantar fasciitis/heel pain, as well as metatarsalgia. I feel that the enclosed progress notes do meet coverage criteria for custom orthotics. The request is medically necessary.