

Case Number:	CM15-0106385		
Date Assigned:	06/10/2015	Date of Injury:	09/23/2013
Decision Date:	07/16/2015	UR Denial Date:	05/06/2015
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: Texas, New York, 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 59-year-old who has filed a claim for chronic foot, ankle, knee, and low back pain reportedly associated with an industrial injury of December 23, 2013. In a Utilization Review report dated May 6, 2015, the claims administrator failed to approve a request for custom orthotics. Non-MTUS ODG Guidelines were apparently invoked in the determination, along with a progress note dated April 8, 2015. The applicant's attorney subsequently appealed. On May 12, 2015, the applicant reported ongoing issues with ankle and foot pain. The attending provider apparently appealed the previously denied orthotics. The applicant was described as having issues with previous foot and heel fracture status post earlier reconstructive surgery. Low back pain, knee pain, CRPS, and mood disturbance were also evident, the treating provider reported. The applicant had ancillary issues with asthma. The applicant was using Cialis, Xanax, Valium, and oxycodone, it was reported. The applicant's walking tolerance was significantly diminished, the treating provider reported on several sections of the note. The applicant's BMI was 30, it was incidentally noted. On May 11, 2015, the applicant's podiatrist suggested that the orthotics in question had apparently been furnished and had, to some extent, ameliorated the applicant's issues with heel pain, flatfeet, foot pain, and ankle pain. The applicant was asked to continue using his orthotics. It was suggested that the applicant was considering further foot and/or heel surgery. The attending provider stated that the applicant would likely need to use a boot postoperatively to allow for healing. On May 4, 2015, the applicant was given a knee corticosteroid injection and placed off work, on total temporary disability. Ongoing complaints of foot, ankle, and heel pain were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom orthotics/boot: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot: orthotic devices (3/26/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369; 371; 377.

Decision rationale: Yes, the request for custom orthotics was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, page 371, rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for applicants with plantar fasciitis and metatarsalgia. Here, the applicant was described as having ongoing issues with foot, ankle, and heel pain, attributed to an earlier heel fracture and/or to superimposed metatarsalgia. Provision of orthotics was indicated to ameliorate the applicant's associated complaints of pain with walking. Therefore, the request was medically necessary. Similarly, the request for a boot (AKA CAM Walker) was likewise medically necessary, medically appropriate, and indicated here. The request was framed as a request for postoperative usage of a boot following planned ankle arthrodesis surgery. As noted in the MTUS Guideline in ACOEM Chapter 14, page 369, a brief period of non-weight bearing may be effective for pain management and/or resolution of swelling purposes. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 notes that full activity in the presence of swelling or other signs of trauma is not recommended. Here, the requesting provider framed the request as a request for postoperative usage of a boot following planned ankle fusion surgery. Temporary immobilization of the ankle/foot following planned fusion surgery was, thus, indicated. Since both the custom orthotics component of the request and the boot companion of the request were indicated, the entire request was indicated. Therefore, the request was medically necessary.