

Case Number:	CM15-0109215		
Date Assigned:	06/15/2015	Date of Injury:	01/04/2005
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 51 year old female, who sustained an industrial injury on 1/04/2005, due to a slip and fall. The injured worker was diagnosed as having right sinus tarsal syndrome, ankle pain, and plantar fascia. Treatment to date has included diagnostics, cervical spinal surgery, multiple orthopedic surgeries, mental health treatment, right hip surgery (2/13/2015), and medications. A progress report (4/15/2015) noted that she was doing a little worse with the sinus tarsi but her hip was still "not right". She was mostly starting up for physical therapy but her hip was hurting. Her compensatory gait was affecting her sinus tarsi complaints. The treatment plan included physical therapy for the right foot. A recommendation for orthotics was noted on 3/18/2015. The rationale for the requested treatment was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of custom orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic): Orthotic devices (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: Guidelines recommend orthotics for plantar fasciitis, plantar heel pain, and for foot pain in rheumatoid arthritis. In this case, the documentation stated the patient had a compensatory gait due to sinus tarsi complaints. The request for 1 pair of custom orthotics is not medically necessary.