MAXIMUS Federal Services

Case Number:	CM15-0019224		
Date Assigned:	02/09/2015	Date of Injury:	02/16/2009
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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: California
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 66-year-old male who reported an injury on 02/16/2009. The mechanism of injury was a fall. The injured worker's surgical history included right foot hardware removal in 2011. Other therapies included physical therapy, ankle and foot braces, orthotic shoes, and alcohol sclerosing injections to the right foot. The documentation of 01/13/2015 revealed the injured worker had foot pain. The injured worker was noted to be awaiting authorization for cortisone injections and ankle/foot orthosis to stabilize the foot and ankle. The injured worker had pain in the plantar fascia medial band with the first step in the morning and it got better throughout the day. The physical examination revealed severe pain along the anterior talofibular ligament of the right ankle due to compensation from walking on the lateral aspect of the foot. There was a palpable mass in the third interspace of the right foot with shooting pain into the 3rd and 4th digits. There was swelling but the palpable mass had decreased in size since starting the sclerosing therapy. The treatment plan included authorization of an ankle/foot orthosis to stabilize the injured worker's gait and decrease pain level. The documentation of 12/16/2014 indicated the original request for the ankle/foot orthosis to stabilize the injured worker's gait. There was no Request for Authorization submitted for review for the requested AFO Ritchie braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom AFO Ritchie braces (bilateral feet): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Bracing (immobilization).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that putting joints at rest in a brace or splint should be for the shortest time as possible. The clinical documentation submitted for review indicated the injured worker previously had braces. There was a lack of documentation indicating the injured worker needed to replace the braces. There was a lack of documentation indicating a necessity specifically for a Ritchie brace. Given the above and the lack of documentation, the request for custom AFO Ritchie braces (bilateral feet) is not medically necessary.

Custom Orthotics (one pair) bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic devices.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates that rigid orthotics are recommended for metatarsalgia and plantar fasciitis. They may help reduce pain while walking and reduce more global measures of pain and disability for injured workers. The clinical documentation submitted for review indicated the request for ankle foot orthosis was to stabilize the injured worker's gait and decrease pain level. However, there was a lack of documentation indicating the injured worker had plantar fasciitis or metatarsalgia. There was a lack of documentation of a failure of off the shelf orthotics and a lack of rationale indicating a necessity for custom orthotics. Given the above, the request for custom orthotics (one pair) bilateral feet is not medically necessary.