

Case Number:	CM15-0132961		
Date Assigned:	07/21/2015	Date of Injury:	02/16/2012
Decision Date:	08/26/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/09/2015

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 32 year old male who sustained an industrial injury on 02/16/2012 when he fell from a work truck. The injured worker was diagnosed with left ankle fracture and neuropathy of the left lower extremity. The injured worker is status post left ankle modified Brostrom procedure, open procedure on the lateral aspect and arthroscopy over the superior aspect on March 10, 2014. Treatment to date has included diagnostic testing, surgery, casting, CAM walker boot, compression socks, psychological evaluation and treatment, cortisone injections, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on May 21, 2015, the injured worker continues to experience right ankle pain and swelling. The injured worker rates his pain level at 9 out of 10 without medications and 4 out of 10 with medications. Examination revealed swelling over the lateral aspect of the ankle with painful passive inversion range of motion and active range of motion mildly limited in all planes. Diffuse atrophy in the left calf was noted. There were no signs of allodynia or decreased sensation. Deep tendon reflexes were 1+ at the knees and ankles and a negative Babinski bilaterally. Current medications are listed as Norco, Lyrica, Effexor and Xanax. The injured worker remains on temporary total disability (TTD). Treatment plan consists of a second surgical opinion, continuing medication regimen and the current request for a rocker bottom shoe, left ankle/foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rocker bottom show, Left Ankle/Foot: Upheld

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-Ankle foot orthosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot, rocker bottom shoes.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the rocker bottom shoes recommended for this patient are not medically reasonable or necessary at this time. Guidelines state that rocker bottom shoes may be used to avoid pressure to the plantar surface of the foot. They do not advise that rocker bottom shoes be used for this patient's diagnosis, which is ankle pain and ankle sprain. Furthermore the guidelines go on to state that pneumatic ankle braces provide more support for ankle pain than rocker bottom shoes. The request is not medically necessary.