

Case Number:	CM15-0135990		
Date Assigned:	07/24/2015	Date of Injury:	10/13/2014
Decision Date:	08/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/14/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year-old female patient, who sustained an industrial injury on 10/13/14. The diagnoses include rule out internal derangement of the left ankle. Per the PR2 dated 6/2/15, she had complaints of constant left foot and ankle pain at 7/10, aggravated by ascending and descending stairs, lifting and bending; difficulty sleeping due to pain. The physical examination revealed limited left ankle range of motion and pain and tenderness in the anterior joint line space. The medications list includes Gabapentin, Duloxetine and Vicodin. She has had a left ankle MRI on 1/16/15 which revealed peroneous brevis tendinopathy, subcutaneous soft tissue edema about lateral malleolus that extends to the dorsum of the foot and subchondral cyst within the inferior aspect of the navicular bone. She has had physical therapy with no relief for this injury. The treating physician requested orthotics for the bilateral feet (indefinite use).

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics bilateral feet (indefinite use) Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot (updated 06/22/15) Orthotic devices.

Decision rationale: Per the ACOEM guidelines "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." In addition, per the cited guidelines orthotic devices are "Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis." Evidence of plantar fasciitis and metatarsalgia is not specified in the records provided. Evidence of rheumatoid arthritis is not specified in the records provided. Response to anti-inflammatory medications is not specified in the records provided. Significant objective findings in the right foot/ankle were not specified in the records provided. Significant limb abnormalities that would require bilateral feet orthotics are not specified in the records provided. The medical necessity of Orthotics bilateral feet (indefinite use) Qty: 1, (as submitted), is not fully established for this patient at this juncture.