

Case Number:	CM15-0147784		
Date Assigned:	08/10/2015	Date of Injury:	09/12/2014
Decision Date:	09/08/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/29/2015

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: Arizona, 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:

The injured worker was a 55 year old male, who sustained an industrial injury, September 12, 2014. The injured worker previously received the following treatments Anaprox, Gabapentin, analgesic cream, Ultram and 12 session of postoperative physical therapy for the left knee with pain with range of motion of the left lower extremity. The injured worker was diagnosed with left knee meniscus tear, left knee internal derangement and status post left knee arthroscopic meniscus tear repair on January 11, 2015. According to progress note of June 12, 2015, the injured worker's chief complaint was left lower extremity pain. The injured worker was scheduled for casting for a custom functional orthotic. There was pain with palpation of the left calcaneal body. There was pain with palpation of the left plantar fascia with active windlass mechanism. The Valleix's and Tinel's signs were negative. There was pain with palpation of the left sinus tarsi, peroneal tendon and with distraction and or impaction of the left ankle joints. There was pain with palpation of the left Achilles tendon and calf and with ankle joint dorsiflexion and planter flexion. The weight bearing exam revealed an antalgic gait, putting all the pressure on the contralateral side using an one point cane for stability. The ankle joint dorsiflexion on the left side was decreased by 20%. The treatment plan included custom-made functional orthotic with casting and orthotic training for the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom-made functional orthotic with casting and orthotic training for the right lower extremity: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371,376.

Decision rationale: 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. Night splints, as part of a treatment regimen. In this case, the claimant had a knee injury and subsequent plantar fasciitis on the left side. The claimant received orthotics on the left causing imbalance and gait difficulties on the right side. As a result, the request for orthotics on the right side is appropriate and necessary.