

Case Number:	CM15-0147788		
Date Assigned:	08/10/2015	Date of Injury:	09/12/2014
Decision Date:	09/08/2015	UR Denial Date:	07/13/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male who sustained an industrial injury on 09-12-14. Initial complaints and diagnoses are not available. Treatments to date include medications, a neoprene knee support, left knee surgery, physical therapy, and chiropractic treatment. Diagnostic studies include x-rays and a MRI of the left knee. Current complaints include knee and lower extremity pain. Current diagnoses include knee sprain and strain, plantar fasciitis, peroneal tendinitis, pain, and status post knee surgery. In a progress note dated 06-12-15 the treating provider reports the plan of care as custom made orthotics with casting. The requested treatments include custom orthotics with casting and orthotic training to the left 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 left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle-Foot (Acute & Chronic) Procedure Summary online version (updated 05/05/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Orthotic devices.

Decision rationale: The claimant sustained a work-related injury in September 2012 and is being treated for left knee pain. He underwent left knee surgery in February 2015. He was seen for a podiatric evaluation. When seen, pain was rated at 6/10. He was heavily relying on a cane with decreased left lower extremity weight bearing. There was decreased ankle dorsiflexion and pain over the plantar fascia and Achilles tendon, sinus tarsi, and peroneal tendons. Casting for foot orthotics was planned. Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle/foot problems. A left foot orthosis would be appropriate. There is no history of traumatic injury, diabetes, or vascular insufficiency that would indicate a need for orthotic training beyond simple instructions in orthotic use. The request was not medically necessary.