

Case Number:	CM15-0161952		
Date Assigned:	08/27/2015	Date of Injury:	03/09/2012
Decision Date:	10/02/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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, Pain Management, Occupational Medicine

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 38 year old male, who sustained an industrial injury on March 09, 2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having extensive tenosynovitis of peroneus longus and peroneus brevis of the right ankle. Treatment and diagnostic studies to date has included magnetic resonance imaging, bilateral functional orthotics, and medication regimen. In a progress note dated July 22, 2015 the treating physician reports complaints of pain to the right leg. Examination reveals slight edema to the lateral region of the right ankle, pain on palpation to the peroneal tubercle to the anterior talofibular ligament, decreased range of motion to the right ankle, and over-pronation to the pes planus. The treating physician noted that the injured worker's functional foot orthotics decreased the pain and assists with controlling the pain. The treating physician requested second pair bilateral functional orthotics for the right ankle injury to assist the injured worker to be pain free during the day and at work with a second pair of shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Functional Orthotics (Second Pair) Right Ankle Injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

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

Decision rationale: ACOEM 2nd Edition 2004 states that orthotics are recommended for the treatment of plantar fasciitis and metatarsalgia. The patient is diagnosed with tendonitis and doing well with topical NSAIDS and orthotics. The patient desires a second set of orthotics for work boots and another set for casual shoes. The patient has already received orthotics which adheres to MTUS 2009 guidelines. However, the second set of orthotics appears to be for convenience as opposed to a clinical or professional necessity. The patient does not state why the orthotics cannot be transferred from work boots to casual shoes without significant difficulty. Most orthotics are easily removed and placed into appropriate shoes. Therefore, this request for a second set of orthotics is not medically necessary.