MAXIMUS Federal Services

Case Number:	CM15-0165247		
Date Assigned:	09/02/2015	Date of Injury:	01/18/2008
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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 is a 59 year old male with an industrial injury dated 01-18-2008. His diagnoses included ankle sprain, avulsion fracture of talus, sinus tarsi syndrome and capsulitis 2nd metatarsophalangeal joint. Prior treatment included orthotics for his feet, acupuncture, medications, injection into foot and diagnostics. He presented on 07-22-2015 with complaints of left ankle and foot pain. He was currently healing from shoulder surgery, right knee surgery and previous right ankle stabilization. Physical exam notated intact sharp and dull sensation at the feet and ankles. There was tenderness to palpation to the anterior and lateral aspect of left and right mid foot over sinus tarsi. There was no crepitus with range of motion. The treatment plan included request for cortisone injections times 2 to right foot and 1 left foot next visit and orthotics for bilateral foot pain, metatarsalgia left foot and bilateral ankle instability. The treatment request is for: Purchase of Supplies, Purchase of Custom Orthotics x 2, Purchase of Casting x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Custom Orthotics x 2: Overturned

Claims Administrator 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) - TWC Ankle & Foot Procedure Summary Online Version last updated 03/26/2015.

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

Decision rationale: According to the 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 this case, the claimant does have metatarsalgia and the request for custom orthotics is medically necessary and appropriate.

Purchase of Casting x 2: Overturned

Claims Administrator 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) - TWC Ankle & Foot Procedure Summary Online Version last updated 03/26/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: According to the guidelines, immobilization may be needed for acute injuries. In this case, the claimant had an avulsion fracture of the talus. Immobilization with casting is required for healing. As a result, the request for casting is medically necessary and appropriate.

Purchase of Supplies: Overturned

Claims Administrator 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) - TWC Ankle & Foot Procedure Summary Online Version last updated 03/26/2015.

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

Decision rationale: As noted above, since casting is required for immobilization of a talus avulsion fracture so are the supplies required for the casting. The request is medically necessary and appropriate.