

Case Number:	CM15-0184146		
Date Assigned:	09/24/2015	Date of Injury:	04/11/2014
Decision Date:	10/30/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/18/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 39-year-old male with a date of injury on 4-11-14. A review of the medical records indicates that the injured worker is undergoing treatment for a bilateral ankle injury. Progress report dated 8-17-15 reports continued complaints of severe right ankle pain, rated 7-8 out of 10. He has no movement of the ankle. Upon exam, he has pain with palpation to the anterior talofibular ligament, calcaneofibular ligament. He has pain with active and passive range of motion. He has palpable pedal pulses and decreased sensation. The plan of care is to request physical therapy, ultrasound guided injections, and custom-made orthotics. Treatments have included medication, physical therapy, and right ankle reconstruction. Request for authorization dated 8-19-15 was made for custom made orthotic L3020 times 2 and plaster casting A4580 times 2. Utilization Review dated 8-31-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plaster casting x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Orthotic devices.

Decision rationale: Per the cited ACOEM guideline, 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 global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. ODG recommends orthotics for plantar fasciitis and for foot pain in rheumatoid arthritis. In particular, semirigid foot orthotics appears to be more effective than supportive shoes worn alone or worn with soft orthoses for metatarsalgia. The use of splints or temporary cast is an option in the treatment of tendinitis, tenosynovitis, and ankle sprain. According to the medical records available for the injured worker, he does not have the underlying diagnoses of plantar fasciitis or metatarsalgia that would support the medical necessity. In the case of this injured worker, his presentation of severe pain and "no movement" during exam on 8-17-15 is puzzling, due to another treating provider on 8-13-17 stating that he is doing fair. In addition, he does currently have crutches and bilateral lace up boots for continued symptoms status post right ankle reconstructive surgery. Therefore, based on the cited guidelines and available medical records, the request for plaster casting x 2 is not medically necessary and appropriate at this time.

Custom made orthotic x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Orthotic devices.

Decision rationale: Per the cited ACOEM guideline, 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 global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. ODG recommends orthotics for plantar fasciitis and for foot pain in rheumatoid arthritis. In particular, semirigid foot orthotics appears to be more effective than supportive shoes worn alone or worn with soft orthoses for metatarsalgia. According to the medical records available for the injured worker, he does not have the underlying diagnoses of plantar fasciitis or metatarsalgia that would support the medical necessity. Therefore, based on the cited guidelines, the request for custom made orthotic L3020 x 2 is not medically necessary and appropriate at this time.