

Case Number:	CM15-0187980		
Date Assigned:	09/29/2015	Date of Injury:	01/10/2012
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/24/2015

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: California, New York
 Certification(s)/Specialty: Podiatrist

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 60 year old female who sustained an industrial injury on 1-10-12. She is temporarily totally disabled. The medical records indicate that the injured worker was being treated for status post extensive debridement, removal of loose bodies with arthrotomy and partial synovectomy of the left ankle (9-12-14); status post arthroscopic surgery of the left ankle; status post repair of the posterior tibial tendon of the left ankle; status post tendon transfer; failed surgery to the left ankle and foot; painful gait. The injured worker has been instructed to stop wearing the ankle brace as it is weakening her. The injured worker has requested to undergo functional biomechanical orthotics workup secondary to metatarsalgia pain. She currently (8-12-15) continues to complain of pain with full weight bearing around the posterior tibialis tendon and there is pain with deep palpation. In addition she has developed right foot and ankle pain secondary to overuse and her altered gait due to left ankle injury. She uses a cane for ambulation and wears a left ankle brace. She has difficulty with prolonged weight bearing, squatting and crouching. Her range of motion was decreased. Her pain level (8-26-15) was 6 out of 10 and has remained consistent (7-21-15). The physical exam has been consistent from 1-28-15 through 8-12-15. Diagnostics include MRI of the left ankle (8-6-15) showing recess effusions of anterior ankle, posterior tibiotalar, tenosynovitis, tendinosis, and possible plantar fasciitis. Treatments to date include above mentioned surgeries; medications: Prilosec, Norco, naproxen, topical cream; there were requests for physical therapy and acupuncture. The request for authorization dated 8-21-15 was for functional biomechanical orthotics. On 8-28-15 Utilization Review non-certified the request for functional biomechanical orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Biomechanical Orthotics: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition, 2015 Ankle & Foot/ Orthotic Devices.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Medical History, Physical Examination, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: By the record, the request for orthotic intervention is specifically addressed to the metatarsalgia caused by a chronic gait abnormality. The record demonstrates no evidence of serious underlying medical conditions. As per MTUS, the absence of underlying medical conditions rules out the need for special studies. As per MTUS guidelines chronic mechanical or degenerative disorders of the foot and ankle can be consequences of tendinitis and tenosynovitis, in this case substantiated, with MRI study. MTUS guidelines specifically address foot orthotic management in the treatment of ankle and foot disorder. On page 372, Ankle & Foot Complaints, it is indicated, that the use of full-shoe-length inserts made to realign, within the foot and from foot to leg, are applicable to reduce pain experienced during walking and in addition may reduce more global measures of pain and disability, for patients with metatarsalgia. Reference to: Ankle & Foot Complaints, page 371, indicates, that weight bearing with orthotics often returns function toward normal very quickly. A request for custom foot orthosis in the treatment of this injured worker is certified as appropriate and medically necessary, as per California MTUS guidelines.