

Case Number:	CM15-0198612		
Date Assigned:	10/14/2015	Date of Injury:	09/05/2014
Decision Date:	11/20/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/09/2015

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 46 year old female who sustained an industrial injury on 9-5-14. The injured worker reported ankle discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for shoulder strain sprain, lumbar sprain strain and ankle fracture. Provider documentation dated 9-24-15 noted the work status as temporary totally disabled. Treatment has included radiographic studies and physical therapy. Physical examination dated 9-24-15 was notable for right ankle with decreased range of motion, lumbar spine with decreased range of motion, right ankle swollen, and ambulation with shortened stance, "right ankle locks up with loading due to the major loss of ROM in supination." The original utilization review (10-1-15) denied a request for Functional Orthotic Appliances.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Orthotic Appliances: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations.

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 injury in September 2014 when she fell from a chair while changing a light bulb. She underwent ORIF of a right trimalleolar ankle fracture. She was seen by the requesting provider on 09/22/15. She had returned to work but was working only 5-6 hours per week. She was having ongoing problems with prolonged standing and walking. Hardware removal was being considered. Physical examination findings included decreased right ankle range of motion. There was right ankle swelling. There was slight to moderate bilateral pes planus. There was shortened stance in and locking of the right ankle with loading. Recommendations included referral to a podiatrist for possible hardware removal. The report states that she will need functional orthotic appliances. A subsequent entry indicates that there was no request for functional orthotics. An orthotic can be recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems. In this case, the claimant does not have a qualifying diagnosis and has only right foot and ankle problems. Orthotics is not medically necessary.