

Case Number:	CM15-0210844		
Date Assigned:	10/29/2015	Date of Injury:	05/05/2009
Decision Date:	12/21/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, 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 applicant is a represented 60-year-old who has filed a claim for chronic ankle and heel pain reportedly associated with an industrial injury of May 5, 2009. In a Utilization Review report dated October 21, 2015, the claims administrator failed to approve a request for foot orthotics. The claims administrator referenced a July 9, 2015 office visit in its determination. Non-MTUS ODG Guidelines were invoked in the denial, despite the fact that the MTUS addressed the topic. On June 11, 2015, the applicant reported issues with foot and ankle pain status post multiple foot and ankle surgeries. Ancillary complaints of hip and knee pain were also reported. The applicant was given a 27% Whole Person Impairment rating. Work restrictions were imposed. It was stated that the applicant's work status was not clearly reported. On a progress note dated July 29, 2015, the applicant reported ongoing issues with foot and ankle pain exacerbated by standing and walking. The applicant was using a cane to move about. The applicant had undergone earlier ankle surgery and exhibited tenderness about the same. The applicant was placed off of work, on total temporary disability. On July 30, 2015, it was stated that the applicant had not worked for several years. On July 9, 2015, the applicant was asked to weight bear as tolerated while remaining off of work. Physical therapy, wide shoes, and the orthotics/ankle support in question were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Custom Functional Foot 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, Ankle and Foot Chapter, Orthotic Devices.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

Decision rationale: Yes, the request for custom functional foot orthotics was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370, rigid orthotics are recommended as a method of symptom control for applicants with a variety of foot and ankle diagnoses, including plantar fasciitis and metatarsalgia, the latter of which were seemingly present here. The applicant was described as having ongoing issues with foot and ankle pain exacerbated by standing and walking, present throughout mid-2015, as noted above. Introduction of orthotics was indicated to ameliorate the same, particularly in light of the fact that the MTUS Guideline in ACOEM Chapter 14, page 371 notes that rigid orthotics may reduce global measures of pain and disability for applicants with plantar fasciitis and metatarsalgia. Therefore, the request was medically necessary.