

Case Number:	CM15-0212172		
Date Assigned:	11/02/2015	Date of Injury:	08/11/2004
Decision Date:	12/15/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/28/2015

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: North Carolina, Georgia
 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 72-year-old female, with a reported date of injury of 08-11-2004. The diagnoses include localized primary osteoarthritis of the left talocalcaneal joint, left foot pain, common peroneal nerve palsy of the left leg, and tarsal tunnel syndrome. The medical report dated 08-07-2015 indicates that the injured worker stated that she wanted another pair of orthotics. The problem list included common peroneal nerve compression, tarsal tunnel syndrome, left sinus tarsal syndrome, pain in limb, pain in lower limb, and pronation deformity of the foot. The injured worker's complaints were not indicated. The objective findings and the injured worker's work and disability status was not indicated. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Voltaren gel. The date of the request for authorization was not documented. The treating physician requested orthotics. On 10-26-2015, Utilization Review (UR) non-certified the request for orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Orthotics.

Decision rationale: CA MTUS is silent on the issue of orthotics. ODG states that orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. In this case, the medical record states that the claimant would like a new pair of orthotics but does not include any specific indication for replacement orthotics. Absent this documentation, the requested orthotics are not medically necessary.