

Case Number:	CM15-0031233		
Date Assigned:	02/24/2015	Date of Injury:	02/07/2014
Decision Date:	04/08/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/19/2015

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

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 26 year old male, who sustained an industrial injury on 2/7/14. He has reported left ankle injury. The diagnoses have included lumbosacral sprain/strain, lumbar muscle spasm, lumbar disc protrusion at L4-5 and L5-S1; rule out lumbar radiculitis, left foot injury, plantar fasciitis of left foot and osteoarthritis of right 1st metatarsal phalangeal joint. Treatment to date has included left foot/ankle surgery, topical medications, physical therapy and oral pain medication. (EMG) Electromyogram studies performed on 1/30/15 of left ankle revealed possible tarsal tunnel syndrome. Currently, the injured worker complains of constant moderate stabbing bilateral feet pain, numbness, weakness and cramping. On physical exam dated 12/26/14, sensation was decreased globally in the left lower extremity, lumbar spine range of motion was decreased and painful and muscle spasm of the lumbar paravertebral muscles was noted. On 1/23/15 Utilization Review non-certified orthotics, custom molded, noting there is no indication of why this injured worker requires custom orthotics versus off the shelf orthotics and left foot ankle radiograph, noting there are x-rays noted and no indication why another set is necessary. The MTUS, ACOEM Guidelines, was cited. On 2/13/15, the injured worker submitted an application for IMR for review of orthotics, custom molded and left foot ankle radiograph.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics, custom molded: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices.

Decision rationale: Regarding the request for custom orthotics, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. 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. Within the medical information made available for review, there is no documentation of a trial with a prefabricated orthosis or a statement that the orthosis will be needed for long-term pain control. In the absence of such documentation, the current request for custom orthotics is not medically necessary.

Left foot & ankle radiograph: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

Decision rationale: Regarding the request for x-ray of the ankle, ACOEM guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Within the documentation available for review, it appears the patient has undergone an x-ray previously. There is no indication as to how the patient's symptoms have changed or worsened since the time of the previous radiograph. Additionally, there is no indication that the current treating physician has reviewed those x-rays prior to requesting a repeat imaging study. Finally, it is unclear how the currently requested x-ray will affect the patient's treatment plan. In the absence of clarity regarding those issues, the currently requested repeat x-ray of the ankle is not medically necessary.