

Case Number:	CM15-0035254		
Date Assigned:	03/03/2015	Date of Injury:	04/28/2014
Decision Date:	04/08/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/25/2015

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: Arizona, California
 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 46 year old female, who sustained an industrial injury on 04/28/2014. She has reported right ankle pain when she twists her right ankle and foot while mopping. Diagnoses include ankle sprain/strain, foot sprain/strain, radicular neuralgia, lumbar disc syndrome, lumbar sprain/strain, and lumbar segmental dysfunction. Treatment to date has included x-rays, use of crutches, physical therapy, and medication regimen. In a progress note dated 02/02/2015 the treating provider reports right ankle pain, right foot pain, and low back pain radiating to the lower extremities, but also noted that there is an improvement to the pain. The treating physician requested orthotics for treatment of her ankle and also noted that she is walking with a limp with back pain secondary to the ankle injury. On 02/13/2015 Utilization Review non-certified the requested treatment of bilateral orthotics, noting the Official Disability Guidelines, 2015, Orthotic Devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Orthotic Devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: According to the guidelines, rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. In this case, the claimant was diagnosed with ankle and foot sprain for which orthotics are not indicated and therefore not medically necessary.