

Case Number:	CM15-0049778		
Date Assigned:	03/23/2015	Date of Injury:	08/04/2014
Decision Date:	05/01/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/16/2015

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 24-year-old female, who sustained an industrial injury on 8/4/2014. She reported slipping and falling while walking up stairs. Diagnoses include left ankle sprain/strain. Treatments to date include NSAIDs and physical therapy. Currently, they complained of pain and stiffness of the left ankle with swelling. On 2/6/15, the provider documented objective findings including tenderness at the level of navicular and first cuneiform, where the posterior tibial and anterior tibial tendons insert. The plan of care included bilateral custom-made orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Custom Made Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices.

Decision rationale: ACOEM Chapter 14 Table 14-3 on page 370 recommends rigid orthotics as a treatment option for plantar fasciitis and metatarsalgia. Further guidelines are found in the ODG which recommend orthotics for plantar fasciitis and for foot pain in rheumatoid arthritis. 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 symptoms and findings consistent with plantar fasciitis, metatarsalgia, or foot pain associated with rheumatoid arthritis. Instead there is documentation of ankle sprain and some tenderness on exam in the first cuneiform and navicular. As such, the current request for custom orthotics is not medically necessary.