

Case Number:	CM15-0059884		
Date Assigned:	04/06/2015	Date of Injury:	11/19/2012
Decision Date:	05/07/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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 [REDACTED] beneficiary who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of November 19, 2012. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve requests for custom molded shoes with associated bilateral ankle foot orthosis and cushioning. The applicant was status post multiple calcaneal and ankle fractures, it was suggested. The applicant had undergone several foot and ankle surgeries, including right ankle ORIF surgery and a left calcaneal ORIF surgery. Multiple surgical revisions have also transpired, the claims administrator acknowledged. Non-MTUS ODG Guidelines were invoked to deny the request but were not, however, incorporated into the report rationale. The applicant's attorney subsequently appealed. In a March 4, 2015 progress note, the applicant reported ongoing complaints of back pain. The applicant was not a candidate for spine surgery, it was stated. The applicant was asked to employ water therapy. Permanent work restrictions were renewed. The applicant's foot and ankle issues were not detailed. In a handwritten note dated February 19, 2015, the applicant reported ongoing complaints of low back pain radiating into the legs. Tramadol and Flexeril were apparently endorsed, as were the applicant's permanent restrictions. On January 15, 2015, it was acknowledged that the applicant was no longer working with said limitations in place. The applicant had moderate-to-severe back and lower extremity pain complaints, it was noted. The applicant was using a cane to move about. A visibly antalgic gait was appreciated. On January 29, 2015, custom foot orthoses were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom molded shoes: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: Yes, the proposed custom molded shoes and/or associated orthotics were medically necessary, medically appropriate and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 317, "rigid orthotics" are recommended in the treatment of metatarsalgia, as was/is present here. Similarly, ACOEM Chapter 14, Table 14-3, page 370 also recommends "soft, supportive shoes" in applicants with plantar fasciitis and "air sole shoes" in applicants with heel spurs. Here, the applicant had a variety of foot and ankle issues. The applicant had undergone multiple right ankle surgeries and multiple left calcaneal procedures. The applicant had residual foot and ankle complaints with associated gait derangement. The applicant had sustained significant structural insult to the bilateral lower extremities. Introduction of custom shoes and/or orthotics was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.