

Case Number:	CM15-0060636		
Date Assigned:	04/06/2015	Date of Injury:	08/01/2007
Decision Date:	05/06/2015	UR Denial Date:	03/19/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 41 year old male injured worker suffered an industrial injury on 08/01/2007. The diagnoses included left dislocations of the metatarsal and left ankle arthropathy. The injured worker had been treated with medications. On 1/13/2015, the treating provider reported left foot/ankle pain that has increased and radiating to the left upper leg. The treatment plan included Redwing Boots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Redwing Boots x 1 Pair for Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot Chapter, 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 Section, Orthotics.

Decision rationale: Pursuant to the Official Disability Guidelines, Redwing boots one pair for purchase is not medically necessary. 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 fasciitis and heel spur syndrome). See guidelines for additional details. In this case, the injured worker's working diagnoses or left dislocation metatarsal not otherwise specified; and left arthropathy not otherwise specified ankle. The January 13, 2015 progress note treatment plan states the patient has reasonable relief of symptoms with the use of Redwing boots. The injured worker has increased left foot pain that radiates to the left upper leg. The injured worker has not been treated since September 10, 2013. The injured worker does not have a diagnosis of plantar fasciitis or rheumatoid arthritis. Orthotics are recommended for plantar fasciitis and foot pain in rheumatoid arthritis. Consequently, absent clinical documentation in support of plantar fasciitis or foot pain in rheumatoid arthritis, Redwing boots one pair for purchase is not medically necessary.