

Case Number:	CM15-0062123		
Date Assigned:	04/08/2015	Date of Injury:	11/28/2012
Decision Date:	07/01/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/02/2015

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 injured worker is a 59 year old female who reported an industrial injury on 11/28/2012. Her diagnoses, and/or impressions, are noted to include: status-post left knee arthroscopy with residuals; left foot sprain/strain with partial tear of the cuneocuboid ligament and osteoarthritis; and painful gait. Recent magnetic imaging studies of the left foot are stated to have been done on 12/23/2014. Her treatments have included consultations and diagnostic studies; an anatomical impairment measurements report on 12/20/2014; medication management; and rest from work before return to full duties. The progress notes of 2/25/2015 noted presentation with demonstration of continued symptomatology's of the left knee and left ankle. The objective findings were noted to include no acute distress; severe pain with palpation over the cuneiform cuboid articulation, with/without eversion; pain with squatting/crouching, toe-walking/standing, and no resolute in gait, with continued poor functionality and ambulatory function overall with the foot; and cuboid articulation pain. She was noted to refuse injection therapy. The physician's requests for treatments were noted to include bilateral ankle/foot orthotics for stabilization in weight-bearing activities, pain reduction, and improved function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics for bilateral ankle and feet: Upheld

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

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, orthotics for bilateral ankles and feet are 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 fasciosis and heel spur syndrome). See guidelines for additional details. In this case, the injured worker's working diagnoses are status post left knee arthroscopy with residual; left foot sprain/strain with partial tear of the cuneocuboid ligament; and painful gait. The date of injury is November 28, 2012. The most recent progress note in the medical record is February 25, 2015 (request for authorization date March 18, 2015). Subjectively, the injured worker demonstrates a "continuation of symptoms of the left knee as well as the left ankle". Objectively, muscle testing is normal there is tenderness of palpation over the cuneocuboid cuboid articulation. The guidelines recommend orthotics for plantar fasciitis and rheumatoid arthritis. There is no documentation of plantar fasciitis or rheumatoid arthritis. Consequently, absent clinical documentation with a clinical indication according to the recommended guidelines, orthotics for bilateral ankles and feet are not medically necessary.