

Case Number:	CM15-0080681		
Date Assigned:	05/01/2015	Date of Injury:	09/01/2009
Decision Date:	06/01/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/27/2015

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

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 51-year-old male, who sustained an industrial injury on September 1, 2009, incurring left ankle injuries. He was diagnosed with a left ankle fracture. He underwent an open reduction internal fixation to the left ankle. Treatment included physical therapy, bracing, topical analgesic cream, and anti-inflammatory drugs. Currently, the injured worker complained of persistent left ankle pain, difficulty bearing weight and walking. The treatment plan that was requested for authorization included functional orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional 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 (ODG), Bilateral orthotics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Chapter 14- Ankle & Foot Complaints, Orthotics, Page 370, Table 14-3, Page 371, Page 372, Page 376 Table 14-6, Page 370, Table 14-3.

Decision rationale: Per ODG, 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 diagnoses of plantar fasciitis and metatarsalgia not evident here. Additionally, shoe modification may be an option in the conservative care for ankle fusion, non- or malunion of fracture, or traumatic arthritis with objective findings on imaging and clinical exam; however, has not been identified here. Submitted reports have not clearly demonstrated any of the above pertinent diagnoses nor shown remarkable clinical findings to support the orthotic request. The Functional Orthotics is not medically necessary and appropriate.