Case Number:	CM15-0083441		
Date Assigned:	05/05/2015	**Date of Injury:**	08/04/2014
Decision Date:	06/03/2015	**UR Denial Date:**	04/06/2015
Priority:	Standard	**Application Received:**	04/30/2015

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
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 44 year old female with an industrial injury dated 08/04/2014. The only record available for review is dated 02/27/2015. Diagnosis is documented as right ankle sprain with a lateral malleolus fracture and right wrist sprain. Prior treatment included home exercise program, acupuncture therapy and physical therapy. According to the progress note dated 12/05/2014 the injured worker presented on 12/05/2014 with complaints of continued right ankle pain that increased with weight bearing. She also reported continued right wrist pain. Examination of the right ankle revealed tenderness over the lateral ankle joint and fibula. There was decreased range of motion and increased pain in all planes. Examination of the right wrist revealed tenderness. She was advised to continue with home exercise program, acupuncture therapy and physical therapy. Authorization for diagnostic ultrasound of right ankle was requested. On 01/13/2015 she reported improvement in her right ankle with decreased pain. However, she was still having pain which was described as mild to moderate, intermittent, dull and sharp with weakness. Examination revealed tenderness over the lateral ligament joint complex with positive crepitus. Range of motion was limited in all planes with guarded gait and moderate limping. Right wrist remained tender. She was advised to complete schedule physical therapy of right wrist. The provider documented the injured worker had improvement of right wrist with physical therapy. The current request is for bilateral foot orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral foot orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, no such diagnoses have 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 Bilateral foot orthotics is not medically necessary and appropriate.