

Case Number:	CM15-0232868		
Date Assigned:	12/08/2015	Date of Injury:	10/15/2013
Decision Date:	01/15/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/30/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old female, who sustained an industrial injury on 10-15-2013. A review of the medical records indicates that the worker is undergoing treatment for sprain of tibiofibular ligament of the right ankle, strain of the other muscles and tendons of the peroneal muscle and autonomic neuropathy. Treatment has included Norco and ankle brace. Subjective complaints (08-26-2015) included right ankle pain rated as 7 out of 10 and objective findings showed limited and painful range of motion of the right ankle with tenderness around the ankle joint. Subjective complaints (09-23-2015) included bilateral ankle pain rated as 6 out of 10. Objective findings showed tenderness to palpation of the right ankle. Subjective complaints (10-21-2015) included right ankle pain rated as 7 out of 10. Objective findings (10-21-2015) included tenderness to palpation on and around the right ankle and lateral foot tenderness to palpation on the left side. A request for orthotics of the right ankle was submitted but there was no rationale for the request and no specification as to what type of orthotics were being requested. A utilization review dated 11-09-2015 non-certified a request for orthotics for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics for the right ankle: 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), Ankle/Foot.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

Decision rationale: Orthotics for the right ankle is not medically necessary. ACOEM recommends rigid orthotics in management of plantar fasciitis. Soft shoe inserts are recommended when combine with a stretching program. In this case, the orthotics was not specified and there is no recommendation of a stretching program in conjunction with the request for the Orthotics; therefore, it is not medically necessary.