

Case Number:	CM14-0115201		
Date Assigned:	09/03/2014	Date of Injury:	07/24/2009
Decision Date:	10/29/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 7/24/2009. Per orthopedic consultation report dated 5/22/2014, the injured worker sustained a calcaneus fracture on the date of injury. Treatment included open reduction and internal fixation. His course was complicated by chronic pain syndrome. Previous treatments include steroid injections or pain medications, activity modifications, and orthotics. He still complains of constant pain and rates his pain 7/10. Pain is aggravated by weight bearing activities. Associated symptoms are weakness and stiffness. On examination he is no apparent distress. His gait is antalgic and he is using a cane. The previous incision is well healed. He has diffuse tenderness. Pain is aggravated with subtalar motion. Light touch sensation is diminished globally and strength is 5/5. There are no open wounds or proximal calf tenderness. Diagnoses include 1) posttraumatic arthritis 2) mild foot deformity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full length foot orthotic left foot purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): page(s) 370, 371.

Decision rationale: The MTUS Guidelines recommend the use of rigid orthotics (full shoe length inserts made to realign within the foot and from foot to leg) for patients with plantar fasciitis and metatarsalgia. Orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability. Per podiatry evaluation on 12/9/2013, it was reported that functional orthoses were indicated to help reduce stress on both lower extremities. An ankle foot orthoses may be of benefit to help his motion throughout the rear foot and may help reduce some of his pain. Prior treatment with orthotics is mentioned by the requesting physician, however there is no report of pain relief or improved function with the use of orthotics. Medical necessity for this request has not been established. The request for Full length foot orthotic left foot purchase is determined to not be medically necessary.