

Case Number:	CM14-0120579		
Date Assigned:	08/06/2014	Date of Injury:	12/13/2012
Decision Date:	10/08/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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 Podiatric surgery and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 12/13/2012. The patient states that he fell off a roof and injured his left ankle. It is noted that patient has undergone an open reduction internal fixation of his left ankle fracture. Enclosed progress notes state that patient has been treated for his pain to the left foot and ankle with Neurontin, Naproxen, Flexeril, and Ultram. On 8/11/2013 a CT taken of the left ankle, revealing ankylosing of the fracture fragments with minimal cortical step off. Also noted is one of the surgical screws is extending beyond the cortical margin into the muscle fibers of the flexor hallucis longus. On 6/20/2014 this patient presented to his podiatrist with complaints of lateral left ankle pain and pain in the ball of his foot. The pain is rated as burning, pins and needles extending to the tips of his toes. The patient's pain ranges 9/10. Severe neuropathic tendencies are noted upon palpation to the left lower extremity. Percussion to the tarsal tunnel reveals positive Tinel's sign. Muscle strength is noted to be diminished left lower extremity muscle groups. Non-reducible pes cavus foot structure. Excessive subtalar joint and midtarsal joint range of motion/pronation/supination is present upon ambulation. Lateral ankle ligaments are noted to be severely tender to palpation. Edema is noted to the left ankle lateral aspect. Moderate to severe tenderness is noted upon palpation about the medial and middle slips of the left plantar fascia with slight increased warmth and edema. Frank calcaneal spurring is noted inferior left calcaneus and x-ray evaluation. Amongst numerous diagnoses is listed tarsal tunnel syndrome, plantar fasciitis, etc. The physicians states that for the orthopedic foot conditions this patient requires rigid custom orthotics with the application of four plaster splints for a slipper cast for impression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral foot orthotics with 4 units of platers splints: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Chapter: Ankle & Foot

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

Decision rationale: After careful review of the enclosed information pertinent MTUS guidelines for this case, it is my feeling that the decision for bilateral foot orthotics with 4 units of plaster splints is reasonable and medically necessary for this patient at this time. It is well documented that this patient has a diagnosis of painful left plantar fasciitis. The physical exam performed on June 20, 2014 by this patient's podiatrist advises that patient has tenderness upon palpation to the medial and middle slips of the plantar fascia left foot with an x-ray confirmation of an infracalcaneal exostosis. The MTUS guidelines state that rigid custom orthotics is recommended for for treatment for patients with painful plantar fasciitis as well as metatarsalgia. Because this patient has a diagnosis of plantar fasciitis with pertinent physical findings, bilateral foot orthotics with 4 units of Platers Splints is medically necessary.