

Case Number:	CM14-0084077		
Date Assigned:	07/21/2014	Date of Injury:	05/19/2009
Decision Date:	10/14/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 66 year old male whose date of injury is 05/19/2009. On this date he slipped, twisted his left ankle and fell to the ground. Diagnoses are status post eversion ankle sprain, tibialis posterior tendinitis, peroneal tendinitis, gait abnormality, bursitis, pain, lumbar sprain and strain, and disc protrusion. Follow up evaluation dated 04/04/14 indicates that strength is 4/5 in the left ankle/foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Molded 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: Ankle and Foot Orthotic devices

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Ankle and Foot Chapter, Orthotic devices

Decision rationale: Based on the clinical information provided, the request for custom molded orthotics is not medically necessary. The Official Disability Guidelines note that orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. The submitted

records fail to establish that the injured worker presents with either diagnosis. There is no current, detailed physical examination submitted for review, no radiographic reports and no imaging studies were provided to support the request.

Unna Boot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23539002>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/23539002>

Decision rationale: Based on the clinical information provided, the request for Unna boot is not medically necessary. CA MTUS, ACOEM and the Official Disability Guidelines do not address Unna boot. There is no clear rationale provided to support the request. A review of current literature indicates that therapeutic methods for treating venous ulcer include the use of the Unna boot. There is no documentation of venous ulcer on physical examination to support Unna boot at this time, and medical necessity is not established.