

Case Number:	CM14-0087365		
Date Assigned:	07/23/2014	Date of Injury:	11/23/2011
Decision Date:	10/01/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 65 year-old female who was reportedly injured on November 23, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 11, 2014, indicates that there are ongoing complaints of foot pain. The physical examination demonstrated a well healed surgical incision, no evidence of infection, and the neurologic examination was intact. Diagnostic imaging studies were not presented for review. Previous treatment includes podiatric surgery, postoperative physical therapy, and pain management interventions. A request was made for durable medical equipment and was not certified in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biomechanical Orthoses: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Integrated Treatment/ Disability Guidelines - Ankle & Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter Updated July, 2014

Decision rationale: As outlined in the Official Disability Guidelines orthotics are not recommended unless they are treating plantar faciitis. This is not the case as the surgical intervention was for a hammer toe. Therefore, based on the clinical information presented for review this is not medically necessary.

Custom Biomechanical Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Integrated Treatment/ Disability Guidelines - Ankle & Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter Updated July, 2014

Decision rationale: As outlined in the ODG (MTUS and ACOEM do not address) for orthotics are not recommended unless they are treating plantar faciitis. This is not the case as the surgical intervention was for a hammer toe. Therefore, based on the clinical information presented for review this is not medically necessary.

2 Week Follow Up: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, additional follow-up evaluations are based on the clinical indication. When noting the physical examination reported, range of motion and motor function tempered by the surgery completed there is no data presented to suggest that any additional follow-up evaluations are warranted. Therefore, this request is not medically necessary.