MAXIMUS Federal Services

Case Number:	CM14-0212211		
Date Assigned:	01/02/2015	Date of Injury:	02/06/2014
Decision Date:	02/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: California
Certification(s)/Specialty: Internal Medicine

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 patient is an injured worker with a history of right ankle complaints. Date of injury was February 6, 2014. The primary treating physician's progress report dated July 15, 2014 documented that the patient returned to the office on July 15, 2014 and his right ankle complaints persist. The patient was referred to a foot and ankle specialist for an opinion and further treatment. The primary treating physician's progress report dated July 17, 2014 documented that the patient returned to the office on July 17, 2014 and is still having issues with his left elbow with epicondylitis. It is slightly better than last evaluation but this is because he has not been working for several months because of his ankle. He will continue with his independent exercising. Darco toe alignment splint was requested on November 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Darco Toe Alignment Splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Can Chiropr Assoc. Dec 2011; 55(4); pages 269-279

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints (Page 376) Table 14-6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints indicates that for appropriate diagnoses, rigid orthotics, metatarsal bars, heel donut, toe separator are recommended. Darco toe alignment splint was requested on November 24, 2014. The latest progress reports present in the submitted medical records were dated July 15, 2014 and July 17, 2014. No physical examination of the foot was documented in the progress reports. The progress reports do not provide support for the request for the Darco toe alignment splint. Therefore, the request for Darco Toe Alignment Splint is not medically necessary.