

Case Number:	CM15-0009795		
Date Assigned:	01/27/2015	Date of Injury:	05/09/2013
Decision Date:	03/16/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/16/2015

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: Preventive Medicine, Occupational 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 injured worker is a 50 year old male who sustained an industrial related injury on 5/9/13 after a pallet fell on him. The injured worker had complaints of right ankle pain, right foot pain, and right knee pain. Treatment included physical therapy, medications, and an ankle foot orthotic brace. Prescriptions included Norco, Relafen, Gabapentin, and Mirtazapine. Diagnoses included probable posttraumatic entrapment and traction neuritis at the anterolateral right ankle, neuritis or neuroma in the second interspace of the right foot, and 50% reduction in range of motion in the right ankle and subtalar joint. The treating physician requested authorization for 1 pair of custom foot orthotics and 1 pair of extra depth boots. On 1/14/15 the requests were non-certified. Regarding the foot orthotics, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the injured worker has not tolerated a brace there has been no documentation of brace adjustments. Regarding extra depth boots the UR physician cited the MTUS guidelines and noted the injured worker did not have orthotics approved therefore this request was also non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pair of Custom Foot 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Foot & Ankle Orthopedics & Medicine Practice Guidelines: Prescription Custom Foot Orthoses, December 2006

Decision rationale: Orthotics are devices developed to assist, resist, facilitate, stabilize or improve range of motion and functional capacity of the foot and ankle. They can be custom-made specifically to address the pathological features of the patient's foot condition. This patient's condition involves dysfunction in the subtalar area of the foot. Initial conservative treatment for this problem includes immobilization in a below the knee cast, physical therapy, steroid injection therapy and/or use of orthotics. However, this didn't help this patient. Long-term conservative care involves improving the bio-mechanical functioning of this area, best achieved with a custom made foot orthosis. This orthosis can be a brace or other such device. The patient has already been given a custom made brace but doesn't wear it because it is uncomfortable. Adjustments can be made to make it more comfortable and since the patient already has this it makes more sense to make it work than to custom build another orthosis. Medical necessity for a pair of custom foot orthotics has not been established.

Pair of Extra Depth Boots: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Foot & Ankle Orthopedics & Medicine Practice Guidelines: Prescription Custom Foot Orthoses, December 2006

Decision rationale: Extra-depth shoes are shoes that allows room for foot orthotics thus allowing better fit, support and comfort. Orthotics or orthoses are devices developed to assist, resist, facilitate, stabilize or improve range of motion and functional capacity of the foot and ankle. They can be custom-made specifically to address the pathological features of the patient's foot condition. This patient's condition involves dysfunction in the subtalar area of the foot. Initial conservative treatment for this problem with physical therapy and steroid injections were not effective. Long-term conservative care involves improving the bio-mechanical functioning of this area, best achieved with a custom made foot orthosis. This can be a brace or other such device. The patient has already been given a custom made brace but doesn't use it because it is uncomfortable. Having the brace adjusted to improve the patient's comfort needs to be done. Adding an extra-depth shoe should also improve the patient's comfort and improve his use of the device. Medical necessity for this device has been established.