

Case Number:	CM15-0100165		
Date Assigned:	06/02/2015	Date of Injury:	08/22/2012
Decision Date:	06/30/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 28 year old male who sustained an industrial injury on 08/22/2012. Current diagnoses include ankle sprain, Achilles tendinitis, peroneal tendinitis, metatarsalgia, and pain. Previous treatments included medications and physical therapy. Previous diagnostic studies include x-rays of the right ankle. Initial injuries sustained included the right ankle. Report dated 04/16/2015 noted that the injured worker presented with complaints that included pain in the right foot and ankle with swelling on the outer and inner aspect of the right ankle. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination was positive for pain with palpation of the metatarsals extension/flexion one through five, right tibial/fibular shaft, right talocalcaneal joint, right retrocalcaneal bursa and Achilles tendon insertion/calf, and right sinus tarsi, pain with ankle joint dorsiflexion/plantar flexion, antalgic gait, and subtalar joint inversion and eversion on the right side is decreased by 20%. The treatment plan included applying a Unna boot, requests for orthotics to decrease pronation, take pressure off the metatarsal heads, realign the ankle joint, and reduce the lower extremity pain, advised to continue medications and ice, continue with therapies, avoid walking barefooted, and return in one month. Disputed treatments include purchase of custom functional orthotics, pair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase custom functional orthotics pair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: The ACOEM chapter on foot and ankle complaints does recommend rigid orthotics in the treatment of chronic metatarsalgia. The patient does have this documented diagnosis. Therefore, the request is medically necessary.