

Case Number:	CM15-0012437		
Date Assigned:	01/29/2015	Date of Injury:	01/10/2012
Decision Date:	03/26/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old female who reported injury on 01/10/2012. The mechanism of injury was the injured worker was jumping up to reach a metal rack and landed on her left ankle. The injured worker was noted to be utilizing a CAM walker for weight bearing. The injured worker underwent an extensive debridement removal of loose bodies, arthrotomy, and partial synovectomy of the left ankle on 09/12/2014. The injured worker underwent a left arthroscopy and repair of the posterior tibial tendon of the left ankle. The mechanism of injury was the injured worker was jumping up to reach a metal rack and landed on her left ankle. The documentation of 10/22/2014 revealed the injured worker had complaints of pain on the left fascia and posterior tibial tendon. The physical examination revealed minimal telangiectasia bilaterally. The sensation was intact. There was no peripheral hyperhidrosis. The extrinsic and intrinsic musculature was 5/5 and within normal limits. Passive range of motion was within normal limits. The injured worker was noted to have significant symptoms regarding the left ankle. The plantar fasciitis continued to cause symptoms. The treatment plan included orthotics for stabilization of gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics, Left foot, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The American College of Occupational and Environmental Medicine indicate rigid orthotics are appropriate for injured workers with plantar fasciitis. The clinical documentation submitted for review indicated the injured worker had plantar fasciitis and this request would be supported. However, there was a lack of documentation indicating the specific type of orthotic that was being requested. As such, the request for orthotics, left foot, purchase is not medically necessary.