

Case Number:	CM15-0018654		
Date Assigned:	02/06/2015	Date of Injury:	06/29/2008
Decision Date:	03/25/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/02/2015

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: New York
Certification(s)/Specialty: Podiatrist

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 24 year old female, who sustained an industrial injury on June 29, 2008. She has reported right foot injury. The diagnoses have included status post contusion/crush injury of right foot, and complex regional pain syndrome, and chronic edema of right leg. Treatment to date has included lumbar sympathetic nerve block, medications, Doppler ultrasound, x-ray imaging. Currently, the IW complains of continued pain and swelling of the right leg. She reports a 2-3/10 pain level while resting, and 7-8/10 pain level with weight-bearing. Physical findings are noted to be a pitting edema of the right foot with swelling up over the right ankle. There is tenderness of the right foot; pulses of the foot are within normal limits. She is seen walking with a mild limp. On January 26, 2015 Utilization Review non-certified one pair of motion control orthotics, based on ACOEM guidelines. On January 31, 2015, the injured worker submitted an application for IMR for review of one pair of motion control orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of motion control orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

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

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the one pair of motion control orthotics is not medically reasonable or necessary for this patient at this time according to the guidelines. It is well documented that this patient suffers with pain to the right foot and ankle, with +1 edema. The diagnoses noted are 1. S/P right foot crush injury. 2. edema. 3. CRPS. Chapter 14 pg 371 of the MTUS guidelines states that: Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. This patient does not have a diagnosis that would meet the above mentioned criteria for orthotics.