MAXIMUS Federal Services

Case Number:	CM15-0119259		
Date Assigned:	06/29/2015	Date of Injury:	06/23/2010
Decision Date:	07/30/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/19/2015

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: Texas, New York, 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 applicant is a represented 66-year-old who has filed a claim for chronic foot, ankle, knee, mid back, and low back pain reportedly associated with an industrial injury of June 23, 2010. In a Utilization Review report dated March 19, 2015, the claims administrator failed to approve a request for custom orthotics. The claims administrator referenced a May 7, 2015 progress note in its determination. Non-MTUS ODG Guidelines were invoked in the denial, despite that the fact that the MTUS did address the topic. The applicant's attorney subsequently appealed. On March 22, 2015, the applicant reported ongoing complaints of foot and knee pain. The applicant was apparently using a Cam walker of some kind. The applicant was to employ a bone stimulator some two weeks removed from the date of surgery. The applicant was asked to remain non-weight-bearing for the time being while remaining off of work, on total temporary disability. On June 19, 2015, the applicant was placed off of work, on total temporary disability. Ongoing complaints of foot and ankle pain were reported. The applicant was using a knee scooter to move about. The applicant also had issues with shoulder pain and attendant sleep disturbance. 6/10 pain with medications and 8/10 without medications was reported. The applicant was on Norco, Phenergan, Valium, Lidoderm, Prozac, Nexium, amlodipine, benazepril, and Ambien, it was reported. Several of the same were refilled. The applicant was asked to continue with chronic pain program while remaining off of work, on total temporary disability. On May 7, 2015, the attending provider stated that the applicant needed revision orthotics owing to the fact that the architecture of the applicant's foot had been changed following an earlier subtalar fusion procedure. New orthotics were endorsed, while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Right Foot Orthotics purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015.

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

Decision rationale: Yes, the request for custom right foot orthotics is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 14, Table 14-6, page 376, rigid orthotics are "recommended" as a means of managing ankle and foot pain complaints as were/are present here. Here, the applicant had ongoing complaints of foot and ankle pain status post multiple prior ankle and foot surgeries including, most recently, a subtalar fusion procedure. Provision of new orthotics was, thus, indicated to ameliorate the same, particularly in the light of the fact that the architecture of the applicant's foot had substantially changed following the subtalar fusion procedure, as stated by the attending provider. Therefore, the request is medically necessary.