

Case Number:	CM15-0124063		
Date Assigned:	07/08/2015	Date of Injury:	01/14/2014
Decision Date:	08/10/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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: California, 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 67 year old female, who sustained an industrial injury on 1/14/14. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. As discernible from the medical record the reported treatment and diagnostics to date, has included nerve conduction study, medication and MRI. Currently, the injured worker is indicated to be complaining of scale rated left foot pain, with mention of ambulation, all of uncertain meaning due to the manner of scripted reporting. The injured worker is diagnosed with a sprained ankle, not otherwise specified. The injured person's work status is; to remain off of work to 2/17/2015. A note dated 1/7/15 states the injured worker is awaiting approval of orthotics for severe sprain of the ankle, with mention of fallen arches and plantar fasciitis. A note dated 5/6/15 makes mention of tenderness noted along the 3rd, 4th and 5th toes and lateral malleolus. The nerve conduction study on 5/11/15 revealed no abnormalities. Custom orthotics are requested to treat the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision

based on Non-MTUS Citation Official Disability Guidelines: Foot & Ankle chapter - Orthotic devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 373, 375, and 376. Tables: 14-3, 14-4, 14-5, 14-6.

Decision rationale: The available medical record is of limited legibility. Of certainty and repeated in the record is, that the patient is diagnosed with ICD 9 Code: 845.00; ankle sprain, unspecified site. Secondary supporting ICD 9 diagnosis codes are not provided in the application for review, or included in the medical record. Ankle sprain is a common injury and complex in presentation. Careful evaluation substantiates prognosis and the progression of treatment. An understanding of the injury in question is not available from the medical record. Severity and grading of the sprain is not indicated. Ankle stability is not clarified. An evaluation, including: medical history, history of the present illness and a history of previous ankle injury, is not available. A detailed examination of the affected extremity with a relevance of findings is not apparent. To provide a referenced certification of medical necessity, citing a definitive source, as per the CA MTUS, an adequate record of the patient's health status is required. Given the provided medical record, it is not possible to certify custom orthotics, and therefore the request is not medically necessary.