

Case Number:	CM15-0128224		
Date Assigned:	07/15/2015	Date of Injury:	08/26/2013
Decision Date:	08/13/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/03/2015

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

Certification(s)/Specialty: Emergency 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 injured worker is 36-year-old female who sustained an industrial injury on 8/26/13. Per utilization review, she tripped over an object and rolled her left ankle. She currently complains of left ankle pain (7/10); right ankle compensatory pain (3/10); pain with walking. On physical exam, there was tenderness of the left ankle with crepitus with range of motion, mild instability of the talofibular ligament. Medications were cyclobenzaprine, Tramadol, naproxen, pantoprazole, hydrocodone. Diagnoses include left ankle chronic strain with mild instability/arthralgia with Achilles tendinopathy and "neurologic findings left lower extremity, disproportionate, objectify." Treatments to date include medications; intra articular injection (6/5/14) with minimal benefit; physical therapy. Diagnostics include MRI (12/10/14) indicates calcaneal spur; MRI (11/12/13) showed grade 1 sprain of the anterior talofibular ligament; MRI of the left foot (12/24/14) showing moderate grade sprain of the talofibular ligament. In the progress note dated 6/9/15, (original request was 1/6/15) the treating provider's plan of care includes request for custom orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of Custom Orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Ankle & Foot, Orthotic Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle: Orthotic devices.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines orthotics devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Bilateral orthotics are not recommended to treat unilateral deficits. Patient has chronic ankle pain after a sprain. There is not a single indication met to recommend orthotics for this patient much less bilateral orthotics. A pair of custom orthotics is not medically necessary.