MAXIMUS Federal Services

Case Number:	CM15-0070783		
Date Assigned:	04/20/2015	Date of Injury:	12/11/2012
Decision Date:	05/19/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/14/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 41-year-old female, who sustained an industrial injury on 12/11/2012. She reported injury of the neck, right upper extremity, and right foot. The injured worker was diagnosed as having sesamoiditis, and right ankle and foot pain. Treatment to date has included rest, stiffer athletic shoe, electrodiagnostic studies, magnetic resonance imaging, and medications. The request is for orthotics (foot and ankle brace), supplies (plaster cast), and casting. On 3/11/2015, she is seen for continued right foot pain over the metatarsal area, and is having difficulty wearing shoes due to swelling. The records indicate her reporting that Ultracet brings her pain level down from 9-10/10 to a 7/10. The records indicate resting and a stiffer athletic shoe have not provided improvement. The treatment plan included: custom orthotics, rest, rigid sole shoe, and cortisone injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics (Foot and Ankle Brace), supplies (plaster cast) and casting: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, 11th edition (web) 2014, Ankle and Foot, Cast (immobilization).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

Decision rationale: This 41 year old female has complained of right foot and ankle pain since date of injury 12/11/12. She has been treated with physical therapy and medications. The current request is for Orthotics (Foot and Ankle Brace), supplies (plaster cast) and casting. Per the ACOEM guidelines cited above, foot and ankle brace and supplies (plaster cast) and casting is not recommended in the treatment of foot and ankle complaints. Based on the available medical documentation and per the ACOEM guidelines cited above, Orthotics (Foot and Ankle Brace), supplies (plaster cast) and casting is not indicated as medically necessary.