

Case Number:	CM15-0093198		
Date Assigned:	05/19/2015	Date of Injury:	08/15/1998
Decision Date:	06/22/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 a 47 year old male who sustained an industrial injury on 08/15/98. Initial complaints and diagnoses are not available. Treatments to date include medications including narcotics, nonsteroidals, muscle relaxants, and medications to protect the gastrointestinal track. Diagnostic studies are not addressed. Current complaints include left ankle pain, swelling, and increased pain with pressure. Current diagnoses include musculoligamentous sprain of the left ankle, peroneal tendon injury at the base of the 5th metatarsal left foot, and supernumerary ossicles at the lateral side of the left foot. In a progress note dated 05/04/15 the treating provider reports the plan of care as medication including Tylenol #3, ibuprofen, Omeprazole, Cyclobenzaprine, and Tramadol, orthotic gel inserts, a pair of custom boots and a pair of custom tennis shoes. The requested treatments include a pair of custom boots and a pair of custom tennis shoes. There is no documentation related to the need for either pair of shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pair of custom boots: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Official Disability Guidelines, one pair custom boots is not medically necessary. Orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, Plantar fasciosis and heel spur syndrome). See guidelines for additional details. In this case, the injured worker's working diagnoses are musculoligamentous sprain left ankle; peroneal tendon injury at base 5th metatarsal left; supernumerary ossicles lateral side left foot. The medical record contains 16 pages. A progress note dated May 4, 2015, subjectively, states the injured worker is taking no medications and has no new injuries. The date of injury is August 15, 1998. The injured worker is not attending therapy and is working his regular duties. There is continued pain and increased pain in the left ankle when pressure is applied. There is swelling present. Objectively, there is tenderness over the peroneal tendon on the left. There are no other clinical objective findings documented in the record. There is no clinical indication or rationale (17 years post injury) documented in the medical record for custom boots. Consequently, absent clinical documentation with the clinical indication and rationale for custom boots, one pair custom boots is not medically necessary.

Pair of tennis shoes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Official Disability Guidelines, one pair of tennis shoes is not medically necessary. Orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, Plantar fasciosis and heel spur syndrome). See guidelines for additional details. In this case, the injured worker's working diagnoses are musculoligamentous sprain left ankle; peroneal tendon injury at base 5th metatarsal left; supernumerary ossicles lateral side left foot. The medical record contains 16 pages. A progress note dated May 4, 2015, subjectively, states the injured worker is taking no medications and has no new injuries. The date of injury is August 15, 1998. The injured worker is not attending therapy and is working his regular duties. There is continued pain and increased pain in the left ankle when pressure is applied. There is swelling present. Objectively, there is tenderness over the peroneal tendon on the left. There are no other clinical objective findings documented in the record. There is no clinical indication or rationale (17 years post injury) documented in the medical record for custom boots. Consequently, absent clinical documentation with the clinical indication and rationale for tennis shoes, one pair tennis shoes is not medically necessary.

