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| Case Number: | CM15-0096105 | | |
| Date Assigned: | 05/26/2015 | Date of Injury: | 10/02/2001 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 04/27/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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: 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 injured worker is a 52 year old female with an industrial injury dated 10/02/2001. The injured worker's diagnoses include status post right tarsal tunnel release on 11/14/2014, status post repair of lateral ligaments in the right ankle, status post repair of the peroneal tendons in the right ankle, painful internal fixation, tarsal tunnel syndrome, plantar fasciitis of right foot and Achilles tendon injury. Treatment consisted of Electromyography (EMG), Magnetic Resonance Imaging (MRI), prescribed medications, and periodic follow up visits. In a progress note dated 4/6/2015, the injured worker reported that she continues to have severe symptoms in her heel without any significant improvement. The injured worker also reported severe difficulty with ambulation and pain in the Achilles tendon. Objective findings revealed decrease bilateral dorsalis pedis and posterior tibial pulses, heel pain and decrease deep tendon reflexes for the Achilles and patellar tendons. Orthopedic exam revealed severe pain in the Achilles tendon and calcaneus and difficulty with gait. The treating physician prescribed services for orthotics now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Orthotics.

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

Decision rationale: Official Disability Guidelines recommend orthotic devices for plantar fasciitis and for foot pain in rheumatoid arthritis. Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. The medical records supplied for review contained insufficient evidence to support the necessity of custom orthotics. Orthotics are not medically necessary.