

<b>Case Number:</b>	CM13-0000938		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	06/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 47 year-old male with a date of injury of 03/01/2013. The listed diagnoses per [REDACTED] dated 05/21/2013 are: 1) Stress fracture of other bone 2) Other joint derangement, not elsewhere classified, involving ankle and foot. 3) Abnormality gait 4) Pain in limb According to report dated 05/21/2013 by [REDACTED], the patient presents for a follow up for fracture seasmoid of the right foot. The patient was denied the bone stimulator and functional foot orthoses (FFO) casting and approved for MBT shoes. Treater would like to again request a functional foot orthotic casting. Lower extremity physical exam reveals "dorsalis pedis/posterior tibial +2/4 bilateral and symmetric. CFT is less than three seconds." Epicritic sensation is grossly intact with a 5.07 monofilament. There is mild swelling to plantar and medial right forefoot when compared to the contralateral foot. Muscle strength is 5/5 in all quadrants. There is medial subtalar joint axis deviation. Report dated 06/11/2013 notes patient was again denied FFO casting. Treater argues the patient should be "avoiding additional cumulative trauma to stress fracture of tibial seasmoid." Patient is in a MBT shoe that has served as a bridging pair prior to return to work full duty. Treater's concern is recurrent fracture after weaning out of MBT shoes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL FOOT ORTHOTIC CASTING:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** This patient presents with chronic foot pain with history of sesamoid fracture of the right foot. Treater is requesting a functional foot orthotic casting. The MTUS, ACOEM and ODG guidelines does not specifically discuss orthotic castings but do address orthotic/orthoses. ACOEM guidelines page 371 has the following: "Rigid Orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." In addition, referring to metatarsalgia and stress fracture, ODG-TWC guidelines has the following for foot orthoses: "Semirigid foot orthotics appears to be more effective than supportive shoes worn alone or worn with soft orthoses for metatarsalgia. (Chalmers, 2000) The use of shock absorbing inserts in footwear probably reduces the incidence of stress fractures. There is insufficient evidence to determine the best design of such inserts but comfort and tolerability should be considered. Rehabilitation after tibial stress fracture may be aided by the use of pneumatic bracing but more evidence is required to confirm this. (Rome-Cochrane, 2005)" In this case, the patient struggles with pain from a fracture of the tibial sesamoid. The patient has returned to work and concerned about potential future stress fractures. The treater has requested functional foot orthoses. Recommendation is for authorization as ODG and ACOEM do allow for the use of orthoses for metatarsalgia.