

Case Number:	CM13-0005511		
Date Assigned:	08/08/2014	Date of Injury:	07/28/1992
Decision Date:	09/17/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/01/2013

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 Pain Medicine 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:

This is a 53-year-old male patient who sustained a remote industrial injury on 07/28/1992. Diagnoses include closed fracture foot bone NOS, closed fracture ankle NOS, and amputation of thumb. The mechanism of injury occurred while working as a machine operator which would pick and package lettuce. He was operating the machine when a hydraulic hose broke, sprain fluids at a high rate of pressure. The fluids were "injected" or "embedded" into his right hand. Previous treatment has included unspecified medications, x-rays of the right shoulder and hand, multiple surgeries performed on the right hand with multiple skin grafts obtained from the right foot and leg. On 07/08/13, a request for DME shoe, inserts and office visits x 2 was non-certified at utilization review with the reviewing physician noting that it was not clear why multiple office visits were being requested or how this will be helpful in the overall treatment plan. It was not clear why the patient requires prescription shoes/inserts as opposed to using over-the-counter forms and what specific biomechanical dysfunction was to be addressed. It was noted that on 04/25/13, there was mention of the patient having a painful right first metatarsophalangeal joint and metatarsal area. The patient had not complied with any of the treatment recommendations. Most recently on 06/23/14, patient presented with continued complaints of right foot pain with any weight bearing activity. A request for orthotics and medications was made. The patient is unemployed. He was also noted he requires treatment for his right shoulder. Objective findings on examination revealed altered gait favoring the right lower extremity; angulation of the great toe with tenderness to palpation over the metatarsophalangeal joint; and loss of range of motion. There was tenderness to palpation at the plantar fascia and callous lateral great toe with hypertrophy of the nail. Treatment plan was to request podiatry consultation for probable custom orthotics, callous debridement, and possible nail removal. On 04/25/13, the patient presented for podiatry evaluation for issue evaluation

reporting he has had sharp pain on the right foot since his accident. It was noted the patient is not a diabetic. There were no current medications listed. Physical examination did not reveal any significant abnormalities. The patient was assessed with overuse syndrome. There were no recommendations made regarding shoes or inserts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment - Shoe and Inserts: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version: Orthotic Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Ankle and Foot, Orthotic Devices.

Decision rationale: The CA MTUS does not specifically address DME shoes and inserts. The Official Disability Guidelines (ODG) Ankle and Foot Chapter regarding orthotic devices states "Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis." The documentation in this case does not contain a clear rationale indicating why special shoes and inserts are being requested or identify failure of over-the-counter shoes/inserts. There are no significant objective findings identified on physical examination. The patient is not a diabetic. There was a podiatry consultation performed on 04/25/13, and there were no recommendations regarding shoes or inserts. Given the lack of objective findings and no specific rationale describing why these items are required or how they would benefit this patient, medical necessity is not established. As such, the request for DME shoe and inserts is not medically necessary.

Two (2) Office Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version: Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, Office Visits.

Decision rationale: The CA MTUS guidelines do not specifically address office visits. The Official Disability Guidelines (ODG) state "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged." Documentation identifies the patient has a chronic injury and continues to receive treatment. However, the provider does not clarify why the patient would require multiple office visits in advance. Although one follow up office visit would likely be appropriate, the request for multiple visits would not be supported as these visits are only supported when medically necessary. Additionally, there is no documentation suggesting the

patient would require multiple future visits or what specifically will be addressed on these office visits. As such, office visits x 2 are not medically necessary.