

Case Number:	CM13-0008154		
Date Assigned:	12/27/2013	Date of Injury:	08/31/2012
Decision Date:	04/02/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Podiatric Surgery, and is licensed to practice in New York. 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 physician 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:

According to the enclosed information, this patient was injured on 8-31-2012. It is noted in the chart that this patient, while at work, had a steel beam fall onto his right foot. X-rays taken that day revealed no fracture. A follow-up x-ray also demonstrated no obvious fractures or dislocations to the right foot. An MRI dated 10 - 9 - 2012 documented some edema around the midfoot right side, representing a ligament sprain and possibly a partial tear of the midfoot ligament. Treatment consisted of anti-inflammatory medication, physical therapy, and modified work schedule. Patient also attempted compression stockings as well as a rigid soled shoe for reduced range of motion to the joint. Finally, patient was seen by a podiatrist on 11 - 21 - 2012 for evaluation of continued right midfoot pain. The progress notes state that he points to his navicular cuneiform joint. Physical exam reveals a painful range of motion to the midtarsal joint medial arch right side. There is no erythema, however generalized edema is noted to the right dorsal midfoot. There is also tenderness upon palpation to the navicular cuneiform joint tenderness upon range of motion to that joint as well. Diagnoses of crush injury to the foot as well as arthropathy of the foot is noted. During that visit it was recommended that patient be fitted for custom orthotics to offset pressure to the mid arch. The case notes contain an authorization request for custom orthotics dated 2-6-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITION TO LOWER EXTREMITY PER SEGMENT CUSTOM FABRICATED ORTHOSIS FOR BOTH FEET: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

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

Decision rationale: After careful review of the enclosed information and the MTUS coverage guidelines involved in this case, it is my opinion that the decision for "ADDITION TO LOWER EXTREMITY PER SEGMENT CUSTOM FABRICATED ORTHOSIS FOR BOTH FEET" is not medically necessary at this time. The MTUS guidelines indicate that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The enclosed progress notes do not advise that this employee has plantar fasciitis or metatarsalgia.

REMOVABLE MOLDED TO PATIENT MODEL, LONGITUDINAL METATARSAL SUPPORT FOR BOTH FEET: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

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

Decision rationale: After careful review of the enclosed information and the MTUS coverage guidelines involved in this case, it is my opinion that the decision for "REMOVABLE MOLDED TO PATIENT MODEL, LONGITUDINAL METATARSAL SUPPORT FOR BOTH FEET" is not medically necessary at this time. The MTUS guidelines indicate that rigid orthotics (which are longitudinal metatarsal supports for the feet) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The enclosed progress notes do not advise that this employee has plantar fasciitis or metatarsalgia.