

Case Number:	CM13-0017362		
Date Assigned:	11/06/2013	Date of Injury:	08/12/2012
Decision Date:	01/22/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 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:

The underlying date of injury in this case is 08/12/2012. Treating diagnoses include status post right foot contusion/crush injury with posttraumatic arthritis, right foot neuritis, and right foot traumatic neuroma. The patient was seen in podiatry followup by the patient's primary treating physician on 10/15/2013. The patient reported decreased pain in her right foot following 2 cortisone injections. She continued with mild to moderate tenderness in the 3rd web space of her right foot with a palpable mass which was smaller than prior to 2 cortisone injections. The patient had moderate tenderness at the feet at the 2nd and 3rd metatarsal cuneiform joints with painful range of motion. The patient was diagnosed with status post contusion/crush injury and posttraumatic arthritis. The treating provider proceeded with a third cortisone injection and also recommended a pair of motion control orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair motion control orthotics: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: ACOEM Guidelines recommend as options for treatment "Metatarsalgia: Metatarsal arch bars, arch supports, rigid orthotics." The initial reviewer analyzes the indications for orthotics for very specific diagnoses. Often, however, the diagnosis of foot pain is presumptive and not based on strict criteria. Moreover, in this case the patient who has had a crush injury, no one particular diagnosis in the guidelines would apply since crush injuries are unique in their anatomy in each case and may involve a combination of neuropathic, mechanical, and inflammatory components. The general classification of "metatarsalgia" in ACOEM Guidelines does apply in this case. This treatment is supported by ACOEM Guidelines. The request for one pair motion control orthotics is medically necessary and appropriate.