

Case Number:	CM13-0020393		
Date Assigned:	10/11/2013	Date of Injury:	07/20/2012
Decision Date:	01/28/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/05/2013

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 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 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.

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 suffered an injury on 7-20-2012. An MRI performed 9-10-2012 reveals osteoarthritic changes in the medial subtalar joint, posterior calcaneal enthesopathy, and calcifications of the anterior joint capsule adjacent to the talar neck. The progress note dated 7-26-2013 advises that the patient has constant right ankle pain upon ambulation, and that prior treatment has included a CAM walker. Diagnoses that day include "degenerative arthritis with a midfoot mild ankle synovitis" and "posterior tibial tendinitis with metatarsalgia." The plan this day was to get patient into a pair of custom orthotics and a pair of dress orthotics. The custom orthotics L3000 were certified. The dress orthotics was not.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a pair of dress orthotics L3000: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation <http://www.feetpain.org/metatarsalgia.html>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): s 370-371.

Decision rationale: After careful review of the enclosed information and the coverage criteria involved in this case, it is my opinion that the pair of dress orthotics in question are not medically necessary. MTUS guidelines, chapter 14, pg. 371 states that "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." The guidelines are quiet however, on the number of pairs of orthotics that can be covered for a patient in a given time frame. The patient has one pair of custom rigid orthotic covered already. The term dress orthotic is used to describe a pair of orthotics that are thinner and more slender than "normal rigid functional" orthotics. By definition, these types of orthotics are not considered rigid orthotics. Furthermore, the Medicare definition of Medical Necessity is as follows: - Consistent with the symptoms or diagnoses of the illness or injury under treatment. - Necessary and consistent with generally accepted professional medical standards (i.e., not experimental or investigational). - Not furnished primarily for the convenience of the patient, the attending physician, or another physician or supplier. - Furnished at the most appropriate level that can be provided safely and effectively to the patient. A second pair of orthotics is "primarily for the convenience of the patient."