

Case Number:	CM13-0023478		
Date Assigned:	11/15/2013	Date of Injury:	04/10/2007
Decision Date:	01/03/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/12/2013

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 Occupational 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 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

All medical, insurance, and administrative records provided were reviewed. The applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and ankle pain/foot arthritis reportedly associated with an industrial injury of April 10, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; over-the-counter medications; transfer of care to and from various providers in various specialties; and attorney representation. In a Utilization Review Report of August 23, 2013, the claim's administrator denied a request for custom orthotics/functional foot orthotics. The applicant's attorney later appealed, on September 10, 2013. A letter from the applicant's treating provider dated August 7, 2013 is notable for comments that the applicant originally sustained great toe fracture in the industrial injury six years prior. The applicant has limited range of motion about the same and slightly altered gait. It is stated that the applicant may be a candidate for further surgical intervention, but is optimistic that a foot orthosis would minimize pressure on the injured right foot first MTP joint. Another noted of October 1, 2013 is notable for comments that the applicant has multiple pain complaints, including about the hip, shoulder, great toe, ankle, and wrist. The applicant has given a 48% whole-person impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of custom foot orthotics: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 14, rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for applicants with plantar fasciitis and metatarsalgia. In this case, the applicant does indeed carry a diagnosis of metatarsalgia/first MTP joint pain for which orthotics would, indeed, be indicated. As suggested by the attending provider, it is possible that usage of the orthoses may ameliorate the applicant's foot and toe pain so as to obviate the need for great toe fusion surgery. While there does not appear to be any evidence that the applicant has tried and/or failed over-the-counter orthoses/prefabricated orthoses, the ACOEM Guidelines do not necessarily endorse over-the-counter or prefabricated orthoses over custom foot orthoses. On balance, certification of the request is in line with ACOEM and could theoretically obviate the applicant's need for foot or toe fusion surgery. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.