

Case Number:	CM13-0027582		
Date Assigned:	03/19/2014	Date of Injury:	09/28/2012
Decision Date:	05/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic foot, ankle, and toe pain reportedly associated with an industrial contusion injury of September 28, 2012. Thus far, the applicant has been treated with analgesic medications, unspecified amounts of physical therapy over the life of the claim, initial mobilization with crutches, immobilization and nonoperative treatment with a splint, several months off of work and eventual return to regular work. The applicant's case and care have apparently been complicated by comorbid diabetes and smoking. In a utilization review report of September 11, 2013, the claims administrator denied a request for orthotics. The claims administrator, it is incidentally noted, cited non-MTUS ODG Guidelines, although the MTUS, through ACOEM, does address the topic. Despite the fact that ODG and Milliman Care Guidelines support usage of orthoses, the claims administrator nevertheless denied the request, stating that orthotics were not necessarily indicated for the diagnosis in question here. The applicant's attorney subsequently appealed. A June 18, 2013 progress note with the applicant's foot and ankle specialist was notable for comments that the applicant has improved to some degree but still reports a residual 5/10 pain. The applicant states that his strength and stability are still diminished and that he has diminished sensorium about the same. The applicant apparently had a limp and has gained 15 pounds and has been written up at work for slow performance. The applicant was described as a diabetic, smoker, and a veteran. Tenderness about the fibula and forefoot were noted. The applicant apparently had flatfeet and also had metatarsalgia with strength ranging from 4-5/5. X-ray showed an appropriately healed distal fibula fracture. Orthotics were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR CUSTOM MOLDED ORTHOTICS FROM [REDACTED]
[REDACTED] WITH A DATE OF SERVICE OF 8/7/2013: Overturned**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Ankle & Foot Procedure.

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

Decision rationale: As noted in the California MTUS-adopted ACOEM Practice Guidelines in Chapter 14, page 371, rigid orthotics may reduce pain experience during walking and may reduce more global measures of pain and disability for applicants with plantar fasciitis and metatarsalgia. In this case, the applicant has a variety of foot and ankle diagnoses, one of which is, in fact, metatarsalgia. The applicant has apparently tried and failed other treatments, including time, medications, physical therapy, etc., which have provided only incomplete relief. Provision of custom molded orthotics was indicated and appropriate here. Accordingly, the request is retrospectively medically necessary.