

Case Number:	CM13-0030418		
Date Assigned:	11/27/2013	Date of Injury:	01/17/2007
Decision Date:	02/26/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/30/2013

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 expert reviewer is licensed 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. 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 original date of injury was January 17, 2007 when a fork lift ran over the patient's right foot. On January 19, 2007 the patient underwent multiple procedures to fix the fractures, including an open reduction and internal fixation (ORIF). During the post operative course the patient developed osteomyelitis and eventually Complex regional pain syndrome (CRPS). Nerve blocks, transcutaneous electrical nerve stimulation (TENS) units, and spinal stimulators were used to alleviate his foot and leg pain, which did not work. A recent physical exam reveals right lower extremity pain rated at 9/10, with throbbing, sharp pain, and tingling. Allodynia is noted to the right lower extremity as well. All toe joints are stiff and painful, right side, with a constant contracted 4th toe right. Diagnoses of crush injury right foot with fractures of metatarsals and dislocation, as well as complex regional pain syndrome of the right leg. On November 12, 2012 the patient's podiatrist notes diagnoses including limb length discrepancy, metatarsalgia and arthritis. It is recommended that the patient's custom molded shoes and insoles be replaced. On January 23, 2013 the patient's podiatrist again recommended replacing current shoes and insoles. In May of 2013 the patient was seen by his podiatrist and noted to have hypertrophied metatarsal heads and metatarsalgia. Custom molded shoes and custom molded insoles were fitted and dispensed to the patient that day. In August he states that his new shoes were uncomfortable and his old shoes are in need of repair. On September 5, 2013 the patient's podiatrist recommended another pair of custom molded shoes. These were recommended as the patient's current pair of shoes need repair, and he feels that he cannot be without a custom molded shoe.

IMR ISSUES, DECISIONS AND RATIONALES

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

two (2) pairs of [REDACTED] shoes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-372, 376. Decision based on Non-MTUS Citation the Official Disability Guidelines: Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371, 376.

Decision rationale: At the time of the request, the patient was in possession of two (2) pairs of custom molded shoes, one (1) new pair and one (1) old pair. As of May 2013 the old pair was in need of repair and the new shoes were noted by the patient to be uncomfortable. The podiatrist evaluated the old pair of shoes and noted that they were "repairable". The MTUS guidelines state that custom and or wide shoes can be used to treat metatarsalgia and plantar fasciitis, as well as deformities such as hallux valgus. The patient had new custom molded shoes made in May 2013, there is no indication that another set of custom molded shoes would be any more helpful. Therefore, after careful review of the enclosed information and the MTUS coverage criteria for [REDACTED] shoes (custom molded shoes), the request for the pair of [REDACTED] custom molded shoes is not medically reasonable or necessary.

prospective request for six (6) insoles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-372, 376. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371, 376.

Decision rationale: Since the primary request for two (2) pairs of [REDACTED] shoes is not medically necessary or appropriate, then the request for six (6) insoles is also not medically necessary or appropriate.