

Case Number:	CM13-0042466		
Date Assigned:	12/27/2013	Date of Injury:	03/14/2001
Decision Date:	02/28/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/18/2013

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 Orthopedic Surgery 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:

This is a 60-year-old gentleman injured in a work related accident on 03/14/01. Clinical records for review included a 10/11/13 postoperative clinical record note by [REDACTED]. He documented that the claimant was status post foot and ankle reconstructive surgery with "fair" postoperative progress. [REDACTED] noted that the claimant was ten weeks following a first MT plantar flexion osteotomy to the right foot. Physical examination showed a well healed wound, moderate postoperative swelling and pain with palpation, limited hindfoot range of motion and radiographs that showed incomplete healing of the MT osteotomy site with some collapse. [REDACTED] recommended use of a CAM walker at that time with reassessment in six weeks. The clinical records also contain a prescription dated 09/23/13 for a pair of "MBT shoes" for use in the postoperative setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Pair of MB shoes: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Treatment in Worker's Comp , 18th Edition, 2013 Updates: ankle procedure - Orthotic devices.

Decision rationale: MTUS ACOEM and Chronic Pain Guidelines are silent. When looking at the Official Disability Guidelines criteria, orthotic devices in this case in the form of custom shoe wear would not be indicated. The last clinical assessment indicated the claimant had malunion with prior surgery and was placed back into a rocket boot for immobilization. At present, the clinical records do not provide a clear clinical indication for the need for custom shoe wear. Orthotic devices are typically only recommended for by ODG Guidelines for plantar fasciitis or chronic foot pain in the rheumatoid arthritic situation. The claimant's current working diagnosis and clinical presentation including potential for nonunion at the surgical site would fail to necessitate the proposed treatment as outlined.