

Case Number:	CM13-0068523		
Date Assigned:	01/03/2014	Date of Injury:	07/26/2013
Decision Date:	04/11/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/19/2013

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 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:

According to the enclosed information this patient suffered a right great toe crush injury while at work on July 26, 2013. A large tool fell on his great toe. Patient was treated with work modification, therapy, ice, rest, surgical shoe, buddy splinting, and medication. The patient was evaluated by and orthopedic surgeon on October 14, 2013 for continued right hallux pain. The progress notes advise that patient has responded well to the physical therapy. During the orthopedic visit the patient relates continued chronic pain to the dorsal and plantar aspect of right great toe joint. X-rays taken that day reveal no fracture. MPJ and IPJ of the right hallux are intact. The diagnosis stated is crush injury right hallux with no evidence of hallux rigidus. Treatment recommendations include orthopedic type shoes with a wide toe box area. It is also recommended that patient obtain a custom fabricated orthotic to support the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOTICS FOR THE RIGHT FOOT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Chapter 14 of the MTUS guidelines, page 371, advises that rigid orthotics reduce pain experienced during walking for patients with plantar fasciitis and metatarsal. The patient does not have either of these diagnoses. Additionally, the patient has been diagnosed with a right hallux crush injury. X-rays during the most recent exam revealed no fracture or physical signs of osteoarthritis to the right hallux. Right first MPJ range of motion is within normal limits and non tender. The request for the orthotics for the right foot is not medically necessary and appropriate.