

Case Number:	CM14-0000414		
Date Assigned:	01/10/2014	Date of Injury:	10/28/1983
Decision Date:	08/06/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/02/2014

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:

This is a 62-year-old with an October 28, 1983 date of injury. A specific mechanism of injury was not described. December 30, 2013 determination was non-certified given diagnoses of onychomycosis, plantar fasciitis, and pes planus; and no recommendation for their use for onychomycosis or pes planus. Regarding the requested consultation, there was no indication for the necessity of a podiatry consultation for trimming of toenails. November 25, 2013 progress report identified achy, sharp, shooting severe pain. Rated 9/10. He has associated weakness. Exam revealed decreased range of motion to the ankle. Decreased muscle strength 4+/5 bilaterally. The requested orthotics are indicated to take stress off his knees. There is also an indication that the patient has difficulty putting his socks on, which is significant issue with his activities of daily living because he cannot flex his hip or his knees enough to reach his feet. Clipping his toenails has been a significant problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics, quantity of one: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. 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 based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Ankle and Foot Complaints Chapter of the ACOEM Practice Guidelines states that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. However, there is no rationale for custom orthotics. It is unclear whether a trial of pre-fabricated orthotics has failed or why pre-fabricated orthotics would be insufficient. There are also no guidelines recommendations for the use of orthotics to take the stress off the knees. The medical necessity was not substantiated. The request for Orthotics, quantity of one, is not medically necessary or appropriate.

One podiatry consultation for toe nail care: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visit.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The medical necessity for this request was not met and there is insufficient documentation to substantiate a podiatry consultation. It appears that the reason for referral was for clipping of nails. There was no indication that the patient did not have someone available to perform this and that only a podiatrist could performed such task. The request for one podiatry consultation for toe nail care Is not medically necessary or appropriate.