

Case Number:	CM14-0001098		
Date Assigned:	01/24/2014	Date of Injury:	06/12/2011
Decision Date:	05/29/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/03/2014

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 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:

According to the available information, this patient suffered a foot injury on 6/12/2011. On 12/4/2013 this patient was seen by his podiatrist for complains of left foot pain. The pain is noted to be 7/10 at its worst. The quality of the pain is sharp and constant. The pain will oftentimes wake the patient up from his sleep. Associated symptoms include swelling, numbness, tingling, pain, and stiffness. The problem appears to be getting worse. Symptoms are made worse by standing, walking, and exercise. Ice and heat will alleviate symptoms. Physical exam reveals a positive Mulder's sign to the third interspace left side with tenderness noted upon palpation to the second interspace left side. During this visit the patient received a local steroid injection to symptomatic area and was prescribed a pair of custom molded orthotics bilaterally, with a diagnosis of 355.6 / nerve lesion left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM MOLDED ORTHOTICS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WORK LOSS DATA Institute, Online Official Disability Guidelines (ODG) - Treatment In Workers' Comp Integrated/Disability Duration Guidelines, Ankle & Foot (Acute & Chronic).

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

Decision rationale: It is well documented that this patient injured themselves at work, and subsequently years later was diagnosed with a neuroma to the left foot. The exact diagnoses made by a podiatrist is "nerve lesion left side". MTUS guidelines specifically described diagnoses in which custom rigid orthotics may be utilized for treatment. Specifically, the guidelines state that custom rigid orthotics may be used in the treatment of plantar fasciitis and or metatarsalgia. Recommended treatments for neuroma include toe separators to affected web spaces, wider shoes, and injection procedures. Therefore, the request for custom molded orthotics is not medically necessary and appropriate.