

Case Number:	CM14-0002735		
Date Assigned:	01/29/2014	Date of Injury:	03/21/2005
Decision Date:	07/25/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/08/2014

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 Occupational Medicine 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:

The patient is a 57-year-old female who has submitted a claim for sprains and associated with an industrial injury date of March 21, 2005. Medical records from 2013 were reviewed. The patient complained of chronic right foot pain. The pain is widespread in the foot and radiates up the leg. Physical examination showed tenderness underneath the fourth and fifth toes and a little tenderness under the first metatarsal phalangeal joint. The diagnoses were chronic right foot pain, possibly related to complex regional pain syndrome; clawing and hammering of fourth and fifth toes; and dislocation of the fourth and fifth metatarsal phalangeal joints. Treatment plan includes a request for custom-molded orthotics for the right foot. Treatment to date has included oral and topical analgesics, right foot surgery, home exercise program, physical therapy and metatarsal pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM MOULDED ORTHOTICS (PRO-CROSS TRAINER WITH FULL ARCH FILL) FOR THE MANAGEMENT OF RIGHT FOOT PAIN.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 371 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS, 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 not recommended by the guidelines. In this case, the patient previously tried a low profile metatarsal pad but this did not provide pain relief. No further discussions were noted regarding this. There was no objective evidence of failure of pre-fabricated orthotics in this case. The guideline does not support custom orthotics. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for custom moulded orthotics (pro-cross trainer with full arch fill) for the management of right foot pain is not medically necessary.