

Case Number:	CM14-0003820		
Date Assigned:	02/03/2014	Date of Injury:	09/16/2006
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/10/2014

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 an employee of [REDACTED] who has submitted a claim of right foot pain associated from an industrial injury date of September 16, 2006. Treatment to date has included fusion of the left great toe joint (undated), orthotics, and medications with include Pemprom and Vicodin. Medical records from 2013 were reviewed, the latest of which dated September 18, 2013 revealed that the patient was having some discomfort with orthotics. On the physical examination done last August 28, 2013, there was good range of motion of the 1st metatarsophalangeal joint of the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL ORTHOTICS FOR CASUAL SHOES: 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 Guidelines, 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 ACOEM Guidelines. In this case, bilateral orthotics for casual shoes were prescribed because on the clinical evaluation done last May 23, 2013, the patient was noted to have a pronated gait and is compensating from her left side as a result of the previous problems with the left foot and surgeries. More weightbearing on the contralateral side has caused her right foot to become symptomatic. However, the use of custom orthotics is not recommended by the ACOEM Guidelines. Also, the patient has had prior poor response to orthotics. Therefore the request is not medically necessary.

RECOVER CURRENT ORTHOTICS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, , 370

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 Guidelines, 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 ACOEM Guidelines. The patient's orthotics were recently modified in September 2013. However, the rationale for the request for the recovery of current orthotics was not mentioned in the documents submitted. Also, the most recent clinical evaluation did not mention the presence or absence of pain relief from the current orthotics. The medical necessity was not established; therefore the request is not medically necessary and appropriate.