

<b>Case Number:</b>	CM14-0007840		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 medical records provided for review, this patient suffered an injury to her foot on May 15, 2012. She was standing on a wood pallet at work and her right foot fell through the pallet. On 12/3/13, the patient received an ultrasound guided local steroid injection to the symptomatic first and second interspace in the right foot. This resulted in a diagnosis of residual neuritis. During this visit, the physician recommended a postoperative bunion shoe. He advises that this flat platform shoe would allow patient to rest her painful foot. During an exam dated 3/20/14, the patient's pain was noted at the first interspace, and she subsequently had surgery for a neuroma to that area. She has continued 5/10 pain in this area. She states that the pain is dorsal and plantar, and inhibits her ability to stand and walk. It is noted that patient has had a ligament release around the first MPJ interspace around the common digital nerve. Physical exam reveals an antalgic gait with normal sensation to the right hallux. Dermatologic exam reveals a well-healed scar to the dorsal aspect of the first intermetatarsal space.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PURCHASE OF A POSTOPERATIVE BUNION SHOE FOR THE RIGHT FOOT:**

Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pressure and the diabetic foot: clinical science and offloading techniques. Boulton AJ - Am J Surg - 01-May-2004; 187(5A): 17S-24S.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371,376.

**Decision rationale:** It is well documented that this patient injured her right foot, causing pain to the right forefoot. Pain is noted to be localized to the first and second interspace on the right side. The patient has a diagnosis of neuritis and neuroma to these areas. She has undergone treatment, including surgical intervention and ultrasound guided local steroid injections. During a visit, the patient's physician recommended a postoperative bunion shoe for patient to wear to rest the area. From that statement it appears that the physician would like the patient to wear the postoperative shoe to, in essence, immobilize or stop movement to the painful area right foot. Page 370 of the MTUS guidelines states that a splint or surgical shoe is recommended for a forefoot sprain. The same page advises that a wider shoe is recommended for neuroma. A postoperative bunion shoe is indeed a very wide shoe that defers pressure to the forefoot. Page 371 advises that putting joints at rest in a brace or a splint is recommended. This would be achieved with a postoperative bunion shoe. Page 376 states that rest and immobilization, for example with braces or supports, is recommended. A postoperative bunion shoe, with its rigid flat sole, would certainly serve as a brace to rest and immobilize the area. As such, the request is medically necessary.