

Case Number:	CM14-0016774		
Date Assigned:	04/11/2014	Date of Injury:	09/09/2013
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 Podiatry 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 injured worker is a 56 year old male who reported an injury on 09/09/2013 secondary to a trash can falling on his foot. The clinical note dated 03/20/2014 reported the injured worker complained of pain to his left foot and he is making progress wearing normal shoe gear. The physical examination reported edema in the left 5th digit and pain upon palpation to the left 5th digit on the lateral aspect of the left foot. The diagnoses included foot pain in joint. The treatment included a cortisone injection to the left 5th digit to decrease edema. The request for authorization was submitted on 01/21/2014. A clear rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM ORTHOTICS FOR PURCHASE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: SUMMARY OF RECOMMENDATIONS AND EVIDENCE, CHAPTER 14-ANKLE AND FOOT COMPLAINTS, 1044-1046

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 14, 369-371

Decision rationale: The request for Custom Orthotics for Purchase is certified. The injured worker has a history of pain to his left foot and left foot arthroplasty to the left fifth digit. According to California MTUS ACOEM Guidelines, orthotics may reduce pain and disability for patients with plantar fasciitis and metatarsalgia. The clinical information, provided for review noted the patient did have left foot pain since the surgery. The most recent clinical document provided for review states the injured worker is making progress with normal shoe gear; however, given the surgical history of left fifth digit arthroplasty, the requested custom orthotics would be able check the forefoot varus and reduce over torquing at the subtalar/midtarsal joints thereby reducing pain and aggravation. Therefore, the request for Custom Orthotics for Purchase is medically necessary.