

Case Number:	CM14-0017087		
Date Assigned:	04/14/2014	Date of Injury:	05/29/2010
Decision Date:	06/02/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/11/2014

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 enclosed medical records, the original date of injury was 5/29/2010. The earliest progress note enclosed is dated 6/17/13, in which the patient presents for follow-up evaluation of a painful right foot and ankle. It is noted that the patient is working retail and on her feet more hours. Physical exam reveals tenderness to the second and third metatarsal cuneiform joint right side with most discomfort noted to the sinus tarsi and medial aspect of the ankle. An MRI of the foot reveals no osseous abnormalities. An MRI of the ankle demonstrates non-specific edema to the medial and lateral ankle. The assessment noted is status post Lisfranc's sprain with arthralgia to the metatarsal cuneiform joint. Also noted is saphenous neuritis and ankle synovitis. The patient was given a local steroid injection to the painful area and authorization for orthotics was recommended. The patient was seen numerous times by her podiatrist after that initial visit for her foot pain. During each visit orthotics were recommended for this patient. On December 30, 2013 the patient was noted to have increased foot pain. She had been using Lidoderm patches which have helped only a bit. A CT scan report revealed no significant degenerative changes to the midfoot or Lisfranc's joint. The podiatrist states that he believes there is a mechanical component to this patient's foot pain with persistent midfoot pain and arthralgia. He believes it is aggravated by obesity and improper footwear. The podiatrist goes on to state that he has recommended maximizing biomechanical support through more supportive shoe gear and custom orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PAIR OF CUSTOM MOLDED ORTHOTICS LEFT AND RIGHT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - TREATMENT FOR WORKERS' COMPENSATION, ONLINE EDITION, 11TH EDITION (WEB), 2013, FOOT & ANKLE CHAPTER, ORTHOTIC DEVICES.

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

Decision rationale: After careful review of the enclosed information and the MTUS guidelines pertinent in this case, the decision for one pair of custom molded orthotics right and left foot is not medically necessary for this patient. Page 371 of the MTUS guidelines states that 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. While this patient certainly has foot pain, they do not have a diagnosis of plantar fasciitis or metatarsalgia.