

<b>Case Number:</b>	CM14-0116113		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Family 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:

This is an 86 year old male patient who sustained a work related injury on 10/1/13. Patient sustained the injury when he was working on his knees and the forklift driver drove by and ran over the right foot with the forklift, crushing his foot. The current diagnoses include crush injury and open wound in the foot, fracture of the metatarsal and phalanx. Per the notes on 2/14/14 and 2/20/14 the pt did not have pain in the foot. The notes also revealed that the open wound was healing well. Per the doctor's note dated 4/07/2014, patient has complaints of ankle joint swelling and the ankle joint pain, joint swelling and joint stiffness in the toes with tingling of the foot and toes and burning sensation in the right foot and numbness in the toes. Physical examination revealed no swelling, erythema, warmth, or deformity of the ankle, no tenderness to palpation, ankle motion was normal, tibialis posterior tendon was non tender to palpation and there was no pain on motion of the peroneus longus and brevis tendon, tarsal. Tinel's sign was negative, the patient walked with lateral pressure (imbalance) and the patient used a walker to ambulate and had used no ambulatory assistive device before the injury. Per the note 6/23/14 he had complaints of the right foot pain and physical examination revealed. Achilles tendon was normal, no bruising, painful movement of the foot, and limited range of motion, decreased swelling and numbness at top of foot. The medication lists include Fosamax, Trental, Lopressor HCT, Isosorbide Dinitrate, Vit. B12, Centrum Silver, Ferrous sulfate, Oscal, and Zocor. The patient has had x-ray dated 03/28/2014 of the right foot revealed possible osteomyelitis of the 5th metatarsal head and significant osteopenia of the foot. The patient's surgical history includes right inguinal hernia repair, right knee ACL repair and heart surgery. The patient has received an unspecified number of the PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom molded orthotics (one pain) right foot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition, (web), 2013, Ankle and Foot, Orthotic Devices.

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

**Decision rationale:** Per the ACOEM guidelines cited below "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." Per the doctor's note dated 4/07/2014, physical examination revealed no swelling, erythema, warmth, or deformity of the ankle, no tenderness to palpation, ankle motion was normal, tibialis posterior tendon was non tender to palpation and there was no pain on motion of the peroneus longus and brevis tendon. Tarsal Tinel's sign was negative. Per the note 6/23/14 he had complaints of the right foot pain and physical examination revealed Achilles tendon was normal, no bruising. Rationale for requesting custom orthotics was not specified in the records provided. A recent detailed clinical examination of the right foot of treating physician was not specified in the records. Patient has received an unspecified number of PT visits for this injury. Response to conservative treatment including PT and medication was not specified in the records provided. Response to 'off the shelf' arch support/ prefabricated orthotics is not specified in the records provided. Significant functional deficit that would require orthotics was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for Custom molded orthotics (one pain) right foot is not fully established for this patient.