

Case Number:	CM14-0168728		
Date Assigned:	10/17/2014	Date of Injury:	08/22/2013
Decision Date:	11/19/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker's original date of injury was August 22, 2013. The industrial diagnoses include pain in the ankle and foot joints, tarsal tunnel syndrome, mononeuritis, fracture of one or more tarsal and metatarsal bones, and close fracture of the cuboid bone. The disputed request is for custom orthotics requested by the diet tree. A utilization review determination on September 4, 2014 had noncertified this request. The reviewer stated that the patient has lateral column and fit not at parcel tuberosity pain and has difficulty bearing weight. The reviewer argued that the affected diagnoses do not support the medical necessity of any type of custom orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Functional Orthotics for Bilateral Feet: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC Ankle & Foot Procedure and orthro Sports therapy 1985:6(6):324-33

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices

Decision rationale: Section 9792.23.7 Ankle Complaints of the California Code of Regulations, Title 8, page 7 states the following: "The Administrative Director adopts and incorporates by reference the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) into the MTUS from the ACOEM Practice Guidelines." ACOEM Chapter 14 Table 14-3 on page 370 recommends rigid orthotics as a treatment option for plantar fasciitis and metatarsalgia. Further guidelines are found in the ODG which recommend orthotics for plantar fasciitis and for foot pain in rheumatoid arthritis. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is documentation of metatarsalgia, and the worker has midfoot fractures. In fact, an updated MRI of the foot in January 2014 showed continued edema and unhealed fracture lines when compared to a prior study in October 2013. It should be noted that be ACOEM Practice Guidelines specifically state that custom orthotics are an option for metatarsalgia. Furthermore, the adopted chapters of the ACOEM Practice Guidelines would supersede the Official Disability Guidelines as they are incorporated as part of the MTUS. The current request for Custom Functional Orthotics for Bilateral Feet is medically necessary and appropriate.