

Case Number:	CM14-0025062		
Date Assigned:	06/11/2014	Date of Injury:	11/29/2012
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/27/2014

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 Orthopedic Surgery 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 59 year-old lady who was reportedly injured on November 29, 2012. The mechanism of injury is noted as a crushing type of event. Several comorbidities are noted in both feet that are unrelated to the work injury. The most recent progress note, dated March 2013 indicates that there are ongoing complaints of bilateral foot pain. The physical examination demonstrated a hammer toe deformity, a decreased range of motion and discomfort associated with weight-bearing. Diagnostic imaging studies objectified (no significant acute pathology. Previous treatment includes surgical intervention orthotics, injections. A request had been made for functional orthotics for both feet and was not certified in the pre-authorization process completed February 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CASTING AND FUNCTIONAL ORTHOTICS BOTH FEET PER 2/7/14 FORM. QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: As noted in the criterion outlined in the ACOEM guidelines, the use of rigid orthotics are limited to prefabricated devices for the treatment of plantar faciitis and heel spur syndrome. There is no clinical indication for a metatarsal fracture or a hammer toe. Therefore, based on the clinical information presented for review this is not medically necessary.