MAXIMUS Federal Services

Case Number:	CM14-0055882		
Date Assigned:	07/09/2014	Date of Injury:	12/06/2011
Decision Date:	08/28/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/25/2014

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 Internal Medicine, and is licensed to practice in Arizona. 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 patient is a 52-year-old male who was working as a machine operator on December 6, 2011, when he stepped off a fatigue mat, injuring his right foot. After conservative treatments, subsequent assessments ended in an April 17, 2013 surgical fibular sesamoidectomy for a sesamoid fracture, sesamoiditis and right second metatarsalgia. He was then fitted with an orthotic and due to refractory pain has had two steroid injections in the same region. He has had activity modification, and physical therapy. In January 2014 his orthotic was re-padded. There are no further notes to explain why another orthotic is being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right foot custom orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370,371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Procedure Summary- Ankle &Foot, Summary of medical evidence, Orthotic Devices.

Decision rationale: The MTUS states: 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. There is no other discussion within the MTUS. The ODG, also primarily discusses the benefits for heel pain and metatarsalgia; but, it also mentions potential benefits of orthotics in the setting of foot pain with Rheumatoid arthritis. Orthotics can additionally be used for acute ankle sprains, providing some stability. They additionally may prevent subsequent sprains from occurring during high risk sporting activity. This patient was fitted with an orthotic as part of his postoperative recovery and continued to use it. On the last assessment in January 2014, the orthotic was re-padded as if it might be breaking down. There is no discussion however, why the orthopedist wanted the patient to continue wearing one. It would seem that he does not have any of the above stated indications, which would warrant the continuance of an orthotic. The request for Right Foot Custom Orthotics is not medically necessary.