

Case Number:	CM14-0056407		
Date Assigned:	07/09/2014	Date of Injury:	03/21/2013
Decision Date:	08/08/2014	UR Denial Date:	04/18/2014
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 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:

After careful review of the enclosed information it appears that the original date of injury of this patient was 3/21/2013. She apparently missed a step and twisted her ankle and foot. The office note dated 3/6/2014 advises of dorsal midfoot pain left side with decreased range of motion in all planes. Diagnoses include Lisfrancs fracture. The patient is noted to be wearing a CAM walker. On 3/25/2014 patient was again noted to have left foot pain unresponsive to immobilization. X-rays taken were noted to be normal. Suspicion of chronic regional pain syndrome is noted. The patient was advised to continue with the walking boot, and custom orthotics and shoes with a rocker bottom sole was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom orthopedic shoes with rocker bottom and foot orthotics for the left foot x 2: 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).

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 California MTUS guidelines pertinent in this case, it is my feeling that the decision for custom orthopedic shoes

with rocker bottom and custom foot orthotics for the left foot x two is not medically reasonable or necessary at this time. The California MTUS guidelines state specifically that custom orthotics may be used in the treatment of plantar fasciitis and metatarsalgia. This patient does not have either of these diagnoses. Furthermore, ODG guidelines state that outcomes using custom orthotics is highly variable, and recommends that in the acute phase of foot pain a prefabricated orthotic utilized. There is no documentation that a prefabricated orthotic has been utilized. The same recommendation holds true for rocker bottom shoes. A non-customized prefabricated rocker bottom sole should be used prior to custom.