

Case Number:	CM14-0057274		
Date Assigned:	07/09/2014	Date of Injury:	06/15/2012
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/28/2014

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 North Carolina. 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 64-year-old with a reported date of injury of 06/15/2012. The patient has the diagnoses of lower limb amputation and peripheral neuropathy. According to the only progress notes provided by a treating physician dated 03/06/2014, the patient has complaints of rash on both feet. The patient has a past medical history of partial amputation of the right foot. The patient had developed an ulcer on the right big toe which ended up being MRSA which resulted in amputation. The patient ultimately had a transmetatarsal amputation. Physical exam showed decreased sensation bilaterally with skin peeling and erythematous rash with vesicles noted on the plantar arch and sides of both feet. The treatment recommendations included Econazole cream, extra-depth shoes with custom inserts with gait plate and toe filler on the right and toenail debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extra depth shoes with custom inserts: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, Ankle & Foot Procedure Summary last updated 3/26/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-371.

Decision rationale: The ACOEM section on foot and ankle problems does make recommendations of certain shoe types as treatment option for various foot conditions. However, per the progress notes the patient wears regular shoes and does not have a diagnosis of diabetes that would justify these shoes. Therefore, the request is not medically necessary.

Gait plate and toe filler: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Ankle & Foot Procedure Summary last updated 3/26/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-371.

Decision rationale: The ACOEM section on foot and ankle complaints states that 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. This patient does make use of a gait plate and toe filler due to transmetatarsal amputation, however there is no documentation on why the current gait plate and toe filler needs replacement and therefore the request is not medically necessary.