

Case Number:	CM14-0061701		
Date Assigned:	07/09/2014	Date of Injury:	08/23/2013
Decision Date:	08/26/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral foot and toe pain reportedly associated with an industrial injury of August 23, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; reported diagnoses with metatarsal and calcaneal fractures; initial mobilization via a CAM walker; and subsequent transition to a walking boot. In a Utilization Review Report dated April 11, 2014, the claims administrator denied a request for custom orthotics, citing non-MTUS ODG guidelines outright, despite the fact that the MTUS had addressed the topic. The claims administrator based its denial, in large part, on comments that it was not clear what treatment or treatments had transpired to date. The claims administrator also stated that it was not clear whether the applicant had had attempted usage of standard or over-the-counter orthotics before consideration was given to the custom orthotic. The claims administrator incorrectly stated that the MTUS did not address the topic. The applicant's attorney subsequently appealed. In a March 31, 2014 progress note, the applicant was described as having persistent complaints of foot and toe pain despite working regular duty. The applicant stated that she had tried usage of a stiff-soled shoe and taping her toes together. The applicant did exhibit a slightly abnormal gait about the right leg. The applicant exhibited minimal swelling about the central forefoot and pain with range of motion testing. Tenderness was noted about the MP joint, the proximal phalanx, and second metatarsal. Regular duty work and a custom orthotic were endorsed owing to persistent complaints of metatarsalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Plastizote Orthotic With Full Length Carbon Fiber Base And Pressure Relief To Second Metatarsal Head Right- purchase: 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 Summaary(updated 5/6/2013).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-3, page 370.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-3, rigid orthotics such as the devices in question here are recommended as options in the treatment of metatarsalgia, the diagnosis present here. It is further noted that the applicant, contrary to what was suggested by the attending provider, has apparently tried and failed other medical treatments, including shoes, buddy taping, initial mobilization via a CAM walker, etc. Symptoms of metatarsal pain persist. Provision of orthotics is therefore indicated, appropriate, and supported by ACOEM. Accordingly, the request is medically necessary.