

Case Number:	CM14-0069074		
Date Assigned:	07/14/2014	Date of Injury:	03/15/2013
Decision Date:	09/10/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/14/2014

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 Physical Medicine and Rehabilitation 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:

This 40 year-old patient sustained an injury on 3/15/13 while employed by [REDACTED]. Request(s) under consideration include 1 pair Custom Orthotics. Report of 9/26/13 from general MD physician noted patient with mechanism of injury after toe jammed on office furniture; patient had steroid shot that helped. Exam showed normal gait; no tenderness with limited range (non-specified degree or planes). Diagnoses include left foot contusion versus closed toe fracture; evaluated by podiatrist who suggested possible untreated fracture versus post contusion inflammatory bone spur. Patient wished to transfer care to podiatrist. Report of 10/23/13 from podiatrist noted patient doing great. No medications were listed. Exam showed no tenderness to palpation of left first MPJ (Metatarsophalangeal Joint); however, there is less than 10 degrees total range of motion present. A diagnosis was post-traumatic arthritis left first MPJ significantly improved with cortisone injection. Treatment included full duty and to wear flat shoes or tennis shoes as needed. Report of 3/18/14 from the podiatry provider noted the patient with continued left first MPJ (Metatarsophalangeal Joint) pain; cortisone shot helped but is still having pain. Conservative care noted anti-inflammatories, work restrictions, icing, and shoe modification. Exam showed 25 degrees range of left first MPJ; pain with end range; bony prominence at left first MPJ. X-ray showed left foot with mild joint space narrowing and prominent first metatarsal head. Treatment included custom orthotics and repeating cortisone injection. The patient continued on full duty. Request for 1 pair Custom Orthotics was non-certified on 4/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of Custom Orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Ankle & Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 14- Ankle & Foot Complaints, Orthotics, Page 370, Table 14-3, Page 371, Page 372, Page 376 Table 14-6, Page 370, Table 14-3. Methods of Symptom Control for Ankle and Foot Complaints- 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.

Decision rationale: According to ODG, orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with diagnoses of plantar fasciitis and metatarsalgia not evident here. Additionally, shoe modification may be an option in the conservative care for ankle fusion, non- or malunion of fracture, or traumatic arthritis with objective findings on imaging and clinical exam; however, has not been identified here. Submitted reports have not clearly demonstrated any of the above pertinent diagnoses nor shown remarkable clinical findings to support the orthotic request. Therefore, the request of one pair of Custom Orthotics is not medically necessary and appropriate.