

Case Number:	CM14-0074563		
Date Assigned:	07/16/2014	Date of Injury:	10/26/2011
Decision Date:	08/14/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/21/2014

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 a licensed Doctor of Podiatric Medicine 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:

According to the enclosed information, the original date of injury for this patient was 10/26/2011. A right foot crush injury and multiple fractures was sustained. A podiatry note dated 2/14/2014 states that icing is not helping. Physical exam reveals bilateral lower extremity orthopedic exam demonstrates no gross abnormalities. Physical exam reveals no tenderness to any areas of foot according to this progress note, and that there is no pes planus or cavus. Gait exam appears unchanged since last visit according to the podiatrist. Orthotics and instructions were dispense that day. Diagnoses include contusion of foot, sprain of lumbar, mononeuritis of lower limb, abnormalities of gait, and foot pain. On 3/14/ 2014 patient was noted to be feeling a little bit better. The physical exam is essentially unchanged patient was advised to continue orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom molded orthotics/unna boot/strapping/casting: 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): 371.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for custom molded orthotics/unna boot/strapping/casting is not medically reasonable or necessary at this time. Review of the enclosed progress notes advise that this patient has lumbar pathology, as well as foot sprain and mononeuritis of foot. The physical exams in the enclosed progress notes, however, do not correlate any findings with these diagnoses. The MTUS guidelines state 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 patient with plantar fasciitis and metatarsalgia. Currently this patient does not have either of these diagnoses. Therefore the request is not medically necessary.