

<b>Case Number:</b>	CM14-0076654		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Nevada. 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 injured worker is a 21-year-old female who was reportedly injured on May 18, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 20, 2014, indicated that there were ongoing complaints of right great toe surgery and no pain was noted. The physical examination demonstrated a well healed surgical lesion and no evidence that the nail borders are compromised. Evidence of a fungal infection was noted. Diagnostic imaging studies are not reviewed. Previous treatment included excision of the great toe nail. A request was made for orthotics and was not certified in the pre-authorization process on May 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), on-line treatment guidelines (<http://www.odg-twc.com/odgtwc/ankle.htm>).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** This is a female who sustained an injury to the right great toe. A surgical excision of the toenail was completed. A postoperative fungal infection was noted to have

developed. This is being treated with topical antifungal agents. As outlined in the American College of Occupational and Environmental Medicine guidelines, there is no clinical indication for an orthotic to treat this injury. Furthermore, the progress notes do not outline orthotics. As such, the medical necessity has not been established.