

Case Number:	CM14-0083716		
Date Assigned:	07/30/2014	Date of Injury:	12/12/2011
Decision Date:	08/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 57-year-old male who reported an injury on 12/12/2011. The mechanism of injury was not stated. Current diagnoses include open wound of the left hallux, degenerative joint disease of the left first MPJ, and diabetes mellitus with peripheral neuropathy. The injured worker was evaluated on 05/05/2014. It is noted that the injured worker presented for a follow-up of a left big toe open wound. The injured worker reported significant improvement. It is also noted that the injured worker was performing bandage changes 2 to 3 times per day and utilizing an emery board at nighttime. Physical examination revealed a plantar right hallux wound measuring 8 x 4 x 2 mm with significant hyperkeratosis surrounding the wound, a significant decrease in edema of the hallux, decreased protective sensation bilaterally, and significantly restricted range of motion. Treatment recommendations included custom orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Orthotics for the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The California MTUS/ACOEM Practice Guidelines indicate rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The injured worker does not maintain either of the above mentioned diagnoses. The medical necessity for the requested durable medical equipment has not been established. As such, the request for Custom Orthotics for the left foot is not medically necessary.