

Case Number:	CM14-0185511		
Date Assigned:	11/13/2014	Date of Injury:	07/30/2013
Decision Date:	01/02/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family 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:

This is a 56-year old female patient who sustained a work related injury on 7/30/13. The exact mechanism of injury was not specified in the records provided. The current diagnoses include contusion of the hallux with fracture of distal phalanx hallux, and degenerative joint disease of the first MTP joint. Per the doctor's note dated 10/15/14, patient had antalgic ambulation. Physical examination revealed 5/5 strength, difficulty with prolonged ambulation, pain at the first MTP joint, trouble with squatting, crouching, toe walking and toe standing, pain with offloading and difficulty with heel toe off on the right side because of pain. The current medication lists was not specified in the records provided. The patient has had MRI that revealed space narrowing of the first metatarsophalangeal joint with likely degenerative in nature. Diagnostic imaging reports were not specified in the records provided. She was approved for surgery right foot- debridement of first metatarsophalangeal joint and debridement of arthritic changes of that joint. Any surgical or procedure note related to this injury were not specified in the records provided. Any operative/ or procedure note was not specified in the records provided. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics for right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: Per the ACOEM guidelines cited below 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. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Response to conservative treatment including PT and medication was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The request for Orthotics for right foot is not medically necessary.