

Case Number:	CM14-0186901		
Date Assigned:	11/14/2014	Date of Injury:	09/01/1999
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 Orthopedic Surgery, 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 64-year-old male with a 9/1/99 date of injury. He suffered a crush injury to the right foot and ankle while performing his duties at work. According to a progress report dated 10/16/14, the patient reported persistent pain and discomfort upon ambulation, and with weight bearing. He has undergone several surgical interventions, including partial amputations of the right foot, multiple skin grafts, and right midfoot fusion. He stated that he was treated with an accommodative orthopedic shoe gear, ankle-foot brace with hinge, and pain medication. He reported excessive wear and tear in his shoes. He complained of severe pain and discomfort predominantly on distal aspect of the right forefoot and entire right ankle. The pain was exacerbated upon ambulation without shoe gear. Objective findings: severe pain upon range of motion of right ankle; severe rigid contractures of the right second, third, and fourth toes; surgical amputation of the right first and second rays with hypertrophic scar formation across the skin graft. Diagnostic impression: history of crush injury to right foot and ankle, severe osteoarthritis of right ankle, severe posttraumatic equinus of right ankle, status post amputation of the right first and second rays, plantar flexed/painful keratosis right third ray. Treatment to date: medication management, activity modification, orthopedic shoe gear, ankle-foot brace. A UR decision dated 10/28/14 modified the requests for 2 pairs of accommodative shoes and 2 pairs of prefabricated orthotics to certify 1 pair of each. A specific rationale for the decision was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Pair accommodative shoes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and foot (Acute & Chronic) , Lower extremity guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter - Orthotic Devices

Decision rationale: CA MTUS does not address this issue. Per ODG, Custom Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. However, in the present case, the UR decision dated 10/28/14 modified this request to certify 1 pair of accommodative orthopedic shoe gear. A specific rationale as to why this patient requires more than 1 pair at this time was not provided. Therefore, the request for 2 Pair accommodative shoes was not medically necessary.

2 pair of prefabricated orthotics for lower extremity: 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) Ankle & Foot (acute & Chronic), Lower Extremity Medical Guidelines pg. 136

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter - Orthotic Devices

Decision rationale: CA MTUS does not address this issue. Per ODG, Custom Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. However, in the present case, the UR decision dated 10/28/14 modified this request to certify 1 pair of prefabricated orthotics. A specific rationale as to why this patient requires more than 1 pair at this time was not provided. Therefore, the request for 2 pair of prefabricated orthotics for lower extremity was not medically necessary.