

Case Number:	CM14-0194280		
Date Assigned:	12/02/2014	Date of Injury:	03/30/1998
Decision Date:	03/18/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Podiatrist

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 73 year old female, who sustained an industrial injury on March 30, 1998. The diagnoses have included nail onychomycosis and pain in limb. Treatment to date has included foot cream. Currently, the injured worker complains of painful, infected toenails on the right and left feet and needs new shoes. The Podiatrists visit note dated September 15, 2014, noted the bilateral hallux toenails appeared thickened/hypertrophic, elongated, inflamed unguis labias, with dystrophic changes, painful with applied pressure, with avulsion of the entire hallux nails bilaterally performed under local anesthetic, without complications. On October 29, 2014, Utilization Review non-certified the purchase of one pair of [REDACTED] shoes, one pair of [REDACTED] shoe with rocker and shank, and one pair of custom orthotics, noting no prior treatment, diagnostic testing, or surgery was noted, with the last records from February 8, 2011, citing the Official Disability Guidelines (ODG). On November 20, 2014, the injured worker submitted an application for IMR for review of purchase of one pair of [REDACTED] shoes, one pair of [REDACTED] shoe with rocker and shank, and one pair of custom orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of one pair of [REDACTED] shoes: 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) Orthotics

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: According to the progress note dated 9/15/2014, this patient presented with complaints of bilateral thick and painful toenails, but also advises her physician that her shoes are worn out and bothering her, making walking difficult. Great toe joint range of motion is diminished with positive crepitus and severe pain upon range of motion. Patient's current shoes and orthotics are worn out according to the physician. The only diagnoses included in this progress note are onychomycosis and pain in limb. It was recommended that patient get supportive shoes, shoes with a rocker bottom sole and steel shank, and new orthotics. The MTUS guidelines state that soft and or supportive shoes are recommended for treatment of plantar fasciitis, neuroma, and hallux valgus. This patient does not have any of these diagnoses documented in her chart. For this reason it is not medically reasonable or necessary to obtain [REDACTED] shoes for her current diagnoses.

One pair of [REDACTED] shoe with rocker and shank: 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) Orthotics

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: According to the progress note dated 9/15/2014, this patient presented with complaints of bilateral thick and painful toenails, but also advises her physician that her shoes are worn out and bothering her, making walking difficult. Great toe joint range of motion is diminished with positive crepitus and severe pain upon range of motion. Patient's current shoes and orthotics are worn out according to the physician. The only diagnoses included in this progress note are onychomycosis and pain in limb. It was recommended that patient get supportive shoes, shoes with a rocker bottom sole and steel shank, and new orthotics. The MTUS guidelines state that soft and or supportive shoes are recommended for treatment of plantar fasciitis, neuroma, and hallux valgus. This patient does not have any of these diagnoses documented in her chart. For this reason it is not medically reasonable or necessary to obtain one pair of [REDACTED] shoes with rocker and shank for her current diagnoses.

One pair of custom orthotics: 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) Orthotics

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 guidelines for this case, it is my feeling that the request for one pair of custom molded orthotics is not medically reasonable or necessary for this patient at this time. 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 patients with plantar fasciitis and metatarsalgia. After review of the enclosed progress notes, this patient does not have a diagnosis of plantar fasciitis or metatarsalgia, therefore custom molded orthotics are not medically necessary according to the above-mentioned guidelines.