

<b>Case Number:</b>	CM14-0195494		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	02/05/1998
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 76 year old female with an injury date of 02/02/98. Based on the 09/02/14 progress report provided by treating physician, the patient complains of pain in groin and buttock. Patient is status post hip surgery due to fractured hip, date unspecified. Patient has developed significant arthritis and has pain standing, walking and weight bearing. Patient has a very antalgic gait. Physical examination to the left hip on 09/02/14 revealed remarkable left hip flexion contracture of 10-15 degrees. Patient had pain and discomfort during all range of motion extremes. The physician indicates in the progress report dated 09/02/14 that patient "has difficulty with all activities of daily living. Patient can no longer cut her toenails; she requires pedicures for foot care. She has marked difficulty putting on shoes and socks; she has resorted to wearing flip-flops year round." Diagnosis 09/02/14 - moderate to severe osteoarthritis, left hip. The utilization review determination being challenged is dated 10/30/14. Treatment reports were provided from 09/14/01 - 09/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly pedicures:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medicare.gov/coverage/foot-care.html> [http://www.aetna.com/cpb/medical/data/1\\_99/0046.html](http://www.aetna.com/cpb/medical/data/1_99/0046.html) Aetna: Clinical Policy Bulletin: Routine Foot Care Number: 0046

**Decision rationale:** The patient presents with pain in groin and buttock. Patient is status post hip surgery due to fractured hip, date unspecified. Patient has a very antalgic gait. Physical examination to the left hip on 09/02/14 revealed remarkable left hip flexion contracture of 10-15 degrees. Patient had pain and discomfort during all range of motion extremes. Patient's diagnosis on 09/02/14 was moderate to severe osteoarthritis, left hip. MTUS and ODG are silent regarding the request. Alternate guidelines were used. [http://www.aetna.com/cpb/medical/data/1\\_99/0046.html](http://www.aetna.com/cpb/medical/data/1_99/0046.html) Routine foot care includes, but is not limited to, the treatment of bunions (except capsular or bone surgery thereof), calluses, clavus, corns, hyperkeratosis and keratotic lesions, keratoderma, nails (except surgery for ingrown nails), plantar keratosis, tyloma or tylomata, and tylosis. The reduction of nails, including the trimming of nails, is also considered routine foot care. AETNA further states under background discussion that Medicare program also generally does not cover routine foot care including clipping or trimming of nails. <http://www.medicare.gov/coverage/foot-care.html> Foot Care: How often is it covered? Medicare Part B (Medical Insurance) covers podiatrist services for medically necessary treatment of foot injuries or diseases (like hammer toes, bunion deformities, and heel spurs). Part B generally doesn't cover routine foot care (like the cutting or removal of corns and calluses, the trimming, cutting, and clipping of nails, or hygienic or other preventive maintenance, including cleaning and soaking the feet). The physician also indicated in the progress report dated 09/02/14 that patient "has difficulty with all activities of daily living. Patient can no longer cut her toenails; she requires pedicures for foot care. She has marked difficulty putting on shoes and socks; she has resorted to wearing flip-flops year round." Routine foot care (like the cutting or removal of corns and calluses, the trimming, cutting, and clipping of nails, or hygienic or other preventive maintenance, including cleaning and soaking the feet) is not covered by AETNA nor Medicare. Regarding foot care, podiatrist services for medically necessary treatment of foot injuries or diseases (like hammer toes, bunion deformities, and heel spurs) would be reasonable. However, the physician has not documented medical necessity of podiatrist services due to foot injury or disease. Furthermore, pedicures are generally not considered to be a medical service or procedure. The request for indefinite monthly pedicures is not medically necessary.