

Case Number:	CM14-0198973		
Date Assigned:	12/09/2014	Date of Injury:	04/07/2011
Decision Date:	01/31/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/26/2014

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:

38 year old male claimant with an industrial injury dated 04/07/11. Exam note 11/07/14 states the patient returns with pain in the dorsal aspect of the right great toe joint at the end range dorsiflexion with push-off gait. Conservative treatments include physical therapy, and a cortisone injections resulting in some pain relief. Upon physical exam the patient had great tow joint range of motion on both sides. Range of motion was noted as 40' dorsiflexion, and 25' plantar flexion; with pain at the end-range of plantar flexion on both sides. The patient experienced pain with distraction of the joint as well as impaction of the joint with range of motion. Diagnosis is noted as posttraumatic arthritis of the right great toe joint, osteochondral defect of the great toe joint, and capsulitis of the right great toe joint. Treatment plan includes a repeat injection to provide short term pain relief, and orthotics to put in athletic shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associates Surgical Services: 2nd Pair Custom Orthotics, purchase for dress 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 - Treatment for Workers' Compensation, Ankle & Foot Procedure Summary

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

Decision rationale: CA MTUS/ACOEM Chapter 14, page 371 states that 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. In this case, the exam notes from 11/7/14 do not demonstrate a clear functional deficit or impairment to warrant a 2nd pair custom orthotic. Therefore, the determination is for not medically necessary.