

Case Number:	CM15-0003332		
Date Assigned:	01/14/2015	Date of Injury:	09/21/2014
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on September 21, 2014. The mechanism of injury was a fall. The injured worker has reported left ankle and foot pain. The diagnoses have included pain in the joint of the left ankle and foot, osteoarthritis, acquired deformities of the foot and ankle and hallux valgus. Treatment to date has included medication management, physical therapy, pneumatic walker, crutches and a Ketorolac injection. An MRI of the left foot performed October 31, 2014 revealed an early sesamoid dysfunction of the first metatarsophalangeal joint effusion, chondromalacia and small effusions of the ankle joints. A progress note dated October 20, 2014 notes that the injured worker had tenderness at the metatarsophalangeal joint and pain with forced dorsiflexion and active planter flexion. The injured worker wore a pneumatic boot when working. She was instructed to continue physical therapy. On December 23, 2014 Utilization Review non-certified requests for extra depth motion control shoes right and left, custom fitted orthotics and casting right and left and an intracranial-articular cortisone injection of the left foot and ankle. The MTUS, ACOEM Guidelines and the Official Disability Guidelines, were cited. On January 7, 2015, the injured worker submitted an application for IMR for review of the denied requests for extra depth motion control shoes right and left, custom fitted orthotics and casting right and left and an intracranial-articular cortisone injection of the left foot and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extra Depth Motion Control Shoes Right and Left: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, Clinical Bulletin: Foot Orthotics, http://www.aetna.com/opb/medical/data/400_499/0451.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee/leg chapter, footwear/ DME

Decision rationale: This patient presents with pain in the join of the left ankle and foot. The current request is for EXTRA DEPTH MOTION CONTROL SHOES RIGHT AND LEFT. The ACOEM and MTUS Guidelines do not specifically discuss footwear. The ODG Guidelines under the knee/leg chapter discusses footwear, knee arthritis. ODG states, 'Recommended as an option for patients with knee arthritis. Recommend thin-soled flat walking shoes (or even flip-flops or walking barefoot). Recommend lateral wedge insoles in mild OA but not advanced stages of OA. Specialized footwear can effectively reduce joint loads in subjects with knee arthritis, compared with self-chosen shoes and control-walking shoes.' Although 'footwear' is discussed by ODG Guidelines, there is no discussion of specific 'extra depth motion control shoes.' There is no discussion that the patient has osteoarthritis of the knee for which specialized footwear may be indicated for. In addition, ODG Guidelines under its knee/leg chapter discusses Durable Medical Equipment and states that for an equipment to be considered a medical treatment it needs to be used primarily and customary for medical purposes. It generally is not useful to a person in the absence of illness or injury. This requested IS NOT medically necessary.

Custom Fitted Orthotics and Casting Right and Left: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ankle and foot chapter, orthotic devices

Decision rationale: This patient presents with pain in the joint of the left ankle and foot. The current request is for CUSTOM FITTED ORTHOTICS AND CASTING RIGHT AND LEFT. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under ankle and foot chapter regarding orthotic devices states that it is recommended for plantar fasciitis and forefoot pain in rheumatoid arthritis. ODG also states, 'Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel-spur syndrome). Orthosis 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 orthosis in people who stand for more than eight hours per day.' The medical reports note left ankle and foot hallux valgus deformity and osteoarthritis. The patient does not have a diagnosis of plantar fasciitis. In this case, the patient

does not meet the required criteria by ODG for orthotic devices. The request IS NOT medically necessary.

Intra Articular Cortisone Injection Left Foot/Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Injections (Corticosteroid)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Ankle/foot chapter, Injections (corticosteroid)

Decision rationale: This patient presents with pain in the joint of the left ankle and foot. The current request is for INTRA ARTICULAR CORTISONE INJECTION LEFT/FOOT ANKLE. ACOEM chapter 14, page 371 Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. The ODG guidelines under its ankle/foot chapter has the following regarding Injections (corticosteroid), 'Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Under study for heel pain.' Corticosteroid injection about the ankle/foot is supported when the patient has Morton's neuroma, plantar fasciitis or heel spur. In this case, this patient suffers from left foot hallux valgus deformity and osteoarthritis and does not meet the indications outlined in ACOEM and ODG. The request IS NOT medically necessary.