

Case Number:	CM15-0101868		
Date Assigned:	06/04/2015	Date of Injury:	09/17/2014
Decision Date:	07/10/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/27/2015

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: Preventive Medicine, Occupational Medicine

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 47 year old female, who sustained an industrial injury on September 17, 2014, incurring a crush injury to the left foot after a forklift accident. The fourth toe was amputated with extensor muscle damage. She was diagnosed with a crush injury to the left foot with phantom pain over digit 4, left ankle sprain, and lumbar spine sprain. Treatment included physical therapy, wound care, orthopedic consultation, pain management, neuropathic medications, and work restrictions. Currently the injured worker complained of left foot and toe pain becoming sharp with increased activity. The foot was sensitive to touch. She also complained of left ankle pain, lumbar spine pain, sleep deprivation secondary to pain, stress anxiety and depression also related to pain. The treatment plan that was requested for authorization included custom fit shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom fit shoes: Overturned

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, Orthotic devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371.

Decision rationale: The MTUS Guidelines recommend the use of rigid orthotics (full shoe length inserts made to realign within the foot and from foot to leg) for patients with plantar faciitis and metatarsalgia. Orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability. Custom shoes, per se, are not addressed in the MTUS Guidelines or ODG. This injured worker is experiencing significant phantom pain following amputation of his toes. Per the medical records reviewed, the injured worker is showing some improvement with physical therapy, and improved tolerance of wearing shoes. It is clear that he should have an orthotic or other device to assist with his current physical impairment and symptoms. The request for a custom shoe is reasonable, and consistent with the intent of the MTUS Guidelines, which cannot adequately address unusual injuries such as the one that this worker has. The request for custom fit shoes is medically necessary.