

Case Number:	CM15-0102837		
Date Assigned:	06/05/2015	Date of Injury:	09/17/2014
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/28/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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:

This is a 47-year-old female with a September 17, 2014 date of injury. A progress note dated April 29, 2015 documents subjective findings (left foot/left toe pain; phantom limb pain over digit number four; pain with possible necrosis; left ankle pain; lumbar spine pain, right greater than left due to overcompensation; sleep deprivation related to the pain; stress, anxiety, and depression with pain), objective findings (tenderness of the lumbar spine; lumbar paravertebral muscle spasm; positive Kemp's test; diminished sensation of the sole and dorsum of the left foot; decreased motor strength of the left foot; left fourth toe amputation; tenderness to palpation in the sole of the foot/toes), and current diagnoses (crush injury to the left foot with phantom pain over digit number four; left ankle sprain/strain; lumbar spine sprain/strain; sleep deprivation; stress, anxiety, and depression). Treatments to date have included surgery, therapy, medications, and imaging studies. The treating physician documented a plan of care that included a custom shoe insert with metatarsal pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom shoe insert with metatarsal pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation UpToDate: Techniques for lower extremity amputation.

Decision rationale: Near-normal foot mechanics can be achieved after amputation of the individual lateral four rays, but amputation of the great toe and first metatarsal head markedly alters foot mechanics and normal ambulation. Recurrent ulceration following first ray amputation occurs in up to 60 percent of patients. The term "ray amputation" is used to describe amputation of the toe along with all or part of the corresponding metatarsal bone. In this case, the patient has undergone amputation of the left fourth toe. Foot mechanics are unlikely to be affected. Therefore, shoe insert with metatarsal pad is not medically necessary. The request should not be authorized.