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| Case Number: | CM15-0103607 | | |
| Date Assigned: | 06/08/2015 | Date of Injury: | 06/08/2006 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 05/19/2015 |
| Priority: | Standard | Application Received: | 05/29/2015 |

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 (IW) is a 49-year-old male who sustained an industrial injury on 06/08/2006. Diagnoses include contusion and crush injury of the right foot, metatarsalgia of the right foot, rule out neuroma, rule out tendon tear, rule out plantar plate disruption and painful gait. Treatment to date has included medications, physical therapy and orthotics. According to the progress notes dated 4/20/15 the IW reported bilateral foot pain. On examination the dorsalis pedis and posterior tibial pulses were 2+/4 and palpable bilaterally. Achilles and patellar reflexes were 2+/4 bilaterally. Minimal telangiectasias were present bilaterally. There was negative Babinski reflex and clonus was not elicited bilaterally. Sensation was reduced in the bilateral feet and numerous toes were absent due to diabetes. The notes indicated the orthotics helped relieve the IW's symptoms and increased his functional level. A request was made for foot orthotics due to the wearing of the current orthotics and to prevent deterioration of the IW's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics feet: Overturned

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, 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. The injured worker has been wearing orthotics for an extended period with stated decrease in pain and increase in function. His current orthotics are wearing out. The request for Orthotics feet is determined to be medically necessary.