

Case Number:	CM15-0167722		
Date Assigned:	09/11/2015	Date of Injury:	07/14/2006
Decision Date:	10/16/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/26/2015

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:

The injured worker is a 59-year-old female who sustained an industrial injury July 14, 2006. Past history-included hypertension, diabetes, Crohn's disease, 3 vessel coronary bypass June 2013, bilateral carpal tunnel syndrome, rheumatoid arthritis, chronic pain syndrome, and right foot metatarsal fracture repair October 24, 2007. Diagnosis is documented as closed fracture of fifth metatarsal bone. According to a treating physician's progress report, dated July 24, 2015, the injured worker presented with complaints of right ankle and foot pain. She reports the pain has increased since she is walking more and she is concerned for callus treatment. Since December 19, 2014, the concerns remained the same and she was pending treatment from podiatry to shave the callus. Examination of the right foot revealed; color, texture, and turgor normal; full range of motion of all joints without pain or crepitus; mild pes planus; no instability noted. The physician documented she would benefit the angle at which she steps on her foot and correct the metatarsal angulation if she had inserts. At issue, is a request for authorization for bilateral metatarsal bar shoe inserts. According to utilization review, performed August 12, 2015, the request for bilateral Metatarsal Bar Shoe inserts is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

BL Metatarsal Bar Shoe Inserts: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot: Orthotic devices.

Decision rationale: Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. For hallux valgus the evidence suggests that orthoses and night splints do not appear to be any more beneficial in improving outcomes than no treatment. Per MTUS, rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) 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, orthotics are being requested to prevent callus formation. There is no documentation to support that the diagnosis of plantar fasciitis or metatarsalgia. For hallux valgus the evidence suggests that orthoses and night splints do not appear to be any more beneficial in improving outcomes than no treatment. Therefore, this request is not medically necessary.