

Case Number:	CM15-0169463		
Date Assigned:	09/10/2015	Date of Injury:	10/15/2012
Decision Date:	10/14/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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 55 year old male, who sustained an industrial injury on October 15, 2012. The injured worker was noted to have developed bilateral foot pain from wearing steel-toed work shoes. The diagnoses have included bunion, mild neuritis-dorsal foot, extensor hallucis longus tenosynovitis and excision and repair of bunion and other toe deformities. The injured worker was noted to be working with modified duties. Current documentation dated July 15, 2015 notes that the injured worker reported constant and worsening left foot pain. He also noted persistent right foot pain with prolonged weight bearing. Visual inspection of the feet revealed a left great toe hallux valgus deformity. Objective findings included hypersensitivity to light touch of the left foot with mild swelling. Treatment and evaluation to date has included medications, radiological studies, a right metatarsocuneiform fusion in 2011 and a bunioneectomy and left first metatarsocuneiform fusion in 2013. A current medication list was not provided. The treating physician's request for authorization dated July 15, 2015 requested custom fabricated orthotics for the (left-right foot). The original Utilization Review dated July 22, 2015 non-certified the request for custom fabricated orthotics for the (left-right foot) due to lack of documentation of a trial and failure of off the shelf orthotics and lack of sufficient medical documentation demonstrating the need for custom orthotics at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom fabricated orthotics (left/right foot): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Ankle and Foot.

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 and Foot Chapter under Orthotics Knee & Leg Chapter under Insoles.

Decision rationale: Based on the 07/15/15 progress report provided by treating physician, the patient presents with bilateral foot pain. The patient is status post right foot metatarsocuneiform fusion and bunionectomy 08/13/11, and left foot bunionectomy and 1st metatarsocuneiform fusion 10/15/13. The request is for CUSTOM FABRICATED ORTHOTICS (LEFT/RIGHT FOOT). Patient's diagnosis per Request for Authorization form dated 03/02/15 and 07/15/15 includes unspecified ankle and foot derangement, right and left. Diagnosis on 01/14/15 included extensor hallucis longus tenosynovitis, bone/plate residual irritation, dorsal foot mild neuritis, residual hallux valgus status post fusion of the bilateral 1st metatarsocuneiform articulation with plates and screws, and excessively flexible shoes. The patient has an antalgic gait. Physical examination on 07/15/15 revealed hypersensitivity to light touch of left foot, mild swelling and palpable distal pulses. Visual inspection of left foot reveals left great toe hallux valgus deformity. Treatment to date has included surgery, imaging studies, and medications. The patient may return to modified work, per 07/15/15 report. MTUS/ACOEM chapter 14, Ankle and Foot Complaints, Physical methods, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG-TWC, Ankle and Foot Chapter under Orthotics 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 orthoses and people who stand for more than 8 hours per day." ODG-TWC, Knee & Leg Chapter under Insoles states: "Recommended as an option. Recommend lateral wedge insoles in mild OA but not advanced stages of OA." Treater states in 01/14/15 report that "the patient has a historical predisposition to hallux valgus and bunion deformities, which was successfully corrected on the right side. His left side was successfully fused; however, his left bunion area is still more prominent than the right, and he has residual tenderness of the bone plate interface, extensor tendonitis, which is exacerbated by inadequate width of the shoes and flexible shoes without custom-molded inserts to control the motion of the feet postoperatively." ACOEM support orthotics for metatarsalgia. The patient is post operative and continues with pain to metatarsocuneiform articulation. Per 01/14/15 report, the patient states "he has never had a pair of custom-molded orthotics fabricated." This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.