

Case Number:	CM15-0191579		
Date Assigned:	10/02/2015	Date of Injury:	06/09/2010
Decision Date:	11/12/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/20/2015

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 50 year old male who sustained an industrial injury on 6-9-10. A review of the medical records indicates he is undergoing treatment for right tarsal tunnel syndrome and metatarsalgia of the right foot. Medical records (8-27-15) indicate ongoing complaints of right foot and ankle pain "that has been present for years". His pain is made worse with standing, walking, and "certain shoes". The physical exam reveals palpable pulses in both feet and the skin is warm to touch bilaterally. The motor function is noted to be "grossly within normal limits" to bilateral ankles and feet. Positive Tinel's sign is noted over the right posterior tibial nerve. He has tingling and pain that radiates to the plantar aspect of the foot. Normal strength is noted for dorsiflexion, plantar flexion, inversion, and eversion bilaterally. A "flat foot" is noted bilaterally. Diagnostic studies include x-rays of the foot. The records indicate that treatment has included "injections, orthotics, and surgery". The progress record states "old orthotics are hard and painful". Treatment recommendations include "biomechanically correct, functional foot orthosis to maintain proper biomechanical control throughout the gait cycle and long term management of the foot". The utilization review (9-15-15) indicates a request for authorization for custom foot orthotics x 2. This request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom foot Orthotics x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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.

Decision rationale: The current request is for CUSTOM FOOT ORTHOTICS X 2. The RFA is dated 09/04/15. Treatment history include injections, orthotics, medications, physical therapy and surgery. 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." Per report 08/27/15, the patient presents with ongoing complaints of right foot and ankle pain. The physical examination noted that the patient had flat feet, with positive Tinel's sign over the right posterior tibial nerve. He has tingling and pain that radiates to the plantar aspect of the foot. The diagnoses include right tarsal tunnel syndrome and metatarsalgia of the right foot. The treater has requested custom foot orthotics x2 as the old orthotics are hard and painful. ACOEM support orthotics for metatarsalgia. Consideration for the custom orthotic would be made, if the request was for quantity 1; however, the current request is for quantity 2 without providing a medication rationale. The patient presents with flat foot on the right with positive findings on the right only, and the request for 2 orthotics is excessive and NOT medically necessary.