

Case Number:	CM15-0199915		
Date Assigned:	10/15/2015	Date of Injury:	03/14/2014
Decision Date:	11/25/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/12/2015

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
 Certification(s)/Specialty: Podiatrist

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 39 year old male, who sustained an industrial injury on 3-14-14. The injured worker was diagnosed as having status post right great toe surgery on 1-15-15, flatfoot deformity-hyperpronation syndrome and obesity. Subjective findings (4-14-15, 5-26-15) indicated right foot pain and difficulty walking. The injured worker quit his job. The treating physician noted the physical therapy discharged the injured worker due to noncompliance. Objective findings (4-14-15, 5-26-15) revealed right foot incision site is well approximated, neurovascular is intact and decreased swelling is noted throughout the right foot. Treatment to date has included physical therapy to right foot (number of sessions not provided). The Utilization Review dated 10-8-15, non-certified the request for right foot orthotics and a right foot bone stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right foot Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: After careful review of the enclosed information any pertinent MTUS guidelines for this case, it is my feeling that the requested orthotics are not medically reasonable or necessary for this patient according to the guidelines. MTUS guidelines states that custom functional orthotics are recommended for patients suffering with painful plantar fasciitis and or metatarsalgia. The enclosed progress notes state that this patient is suffering with pain to his great toe because of a failed arthrodesis. Patient is scheduled for a follow-up arthrodesis IPJ of the hallux. The medical documentation does not support the criteria for custom orthotics for this patient as he does not have a diagnosis of plantar fasciitis or metatarsalgia.

Right foot bone stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot, bone growth stimulators.

Decision rationale: After careful review of the enclosed information any pertinent MTUS guidelines for this case, it is my feeling that the requested bone growth stimulator is not medically reasonable or necessary for this patient according to the guidelines. MTUS guidelines state that a bone growth stimulator may be utilized for patients suffering with a nonunion of a long bone fracture or failed arthrodesis. The enclosed progress notes state that this patient is suffering with pain to his great toe because of a failed arthrodesis. Patient is scheduled for a follow-up arthrodesis to the IPJ of the hallux with fixation. The medical documentation does not support the ODG criteria for a bone growth stimulator at this time. It appears that this bone growth stimulator is being prescribed prophylactically after the second surgery. This does not meet the criteria. The request is not medically necessary.