

Case Number:	CM15-0203202		
Date Assigned:	10/19/2015	Date of Injury:	11/07/2013
Decision Date:	12/03/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/15/2015

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: Family Practice

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 33 year old female, who sustained an industrial injury on 11-7-13. The injured worker was diagnosed as having fractures left foot. Treatment to date has included physical therapy; status post excision of fractured bone submetatarsal third and fourth left foot; excision soft tissue scar; synovectomy (6-25-15); AFO-left foot -orthopedic shoes (9-1-15); medications. Currently, the PR-2 notes dated 9-17-15 indicated the injured worker was in this office as a follow-up visit after her left foot surgery on 6-25-15. She is a status post excision of fractured bone submetatarsal third and fourth left foot; excision soft tissue scar; synovectomy on 6-25-15. She reports that overall she is doing better since she started physical therapy, but she is still not able to be in a shoe wear for a prolonged period of time, and she reports still having shooting pain radiating into the third and fourth digits of the left foot. On physical examination, the provider notes there is no pain with palpation of the metatarsals of the left foot. He reports that x-rays of the left foot (three views) show "soft tissue swelling. There are negative for any stress fractures or tumorous activity". The provider documents "Today the patient was measured for orthopedic shoes. Please note that due to the change in her metatarsals from the surgical procedure at the fracture site, the old orthotics she was measured for do not work and she is not able to wear these and get relief from the scar tissue at the surgical site and the nerve damage she has secondary to the injury. With authorization of the new orthotics and proper molding she would benefit with pain relief and her ability to stay in her shoes for a longer period of time." A Request for Authorization is dated 10-15-15. A Utilization Review letter is dated 10-9-15 and non-certification for Custom Molded Orthotics Purchase (bilateral foot) but MODIFIED the

request for a Custom Molded Orthotic for left foot only. A request for authorization has been received for Custom Molded Orthotics Purchase (bilateral foot).

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Molded Orthotics Purchase (bilateral foot): 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), Ankle & Foot (Acute & Chronic), Orthotic devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot Section: Orthotic Devices.

Decision rationale: The Official Disability Guidelines comment on the use of orthotic devices for ankle and foot problems. In general, orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). The issue in question in this case involves the Official Disability Guideline recommendations regarding the use of bilateral orthotics. The patient had sustained an injury to the left foot, which was treated; however the request is for bilateral orthotics. The Official Disability Guidelines state the following on this issue: **Bilateral orthotics:** Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems. In summary, this patient presented with a unilateral foot injury and therefore does not meet the criteria for bilateral orthotics. Therefore this request is not medically necessary.