

Case Number:	CM15-0211716		
Date Assigned:	10/30/2015	Date of Injury:	06/10/2015
Decision Date:	12/14/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/27/2015

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: Arizona, 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 36 year old female, who sustained an industrial injury on 6-10-2015. The injured worker is undergoing treatment for: foot fracture. On 9-9-15, 10-8-15, reported pain under the first metatarsal head on the left. She indicated having problems pushing off with her foot when ambulating. She is noted to have an antalgic gait. Objective findings revealed decreased range of motion of the left foot, pain on compression of the fifth metatarsal base on the left, pain with compression of the plantar sesamoid bones in the first metatarsal on left, pain with passive first MP joint dorsiflexion, enlarged medial eminence of the first metatarsal. The provider noted she was "getting worse rather than better". Her foot fracture is noted as not healed and with her antalgic gait she has increased pain in the great toe. She is noted to have developed a bunion deformity in "addition to her delayed healing". The treatment and diagnostic testing to date has included: MRI and CT scan of the left foot (dates unclear), CAM walker boot, crutch. Current work status: partial temporary work disability. The request for authorization is for: one pair of custom orthotics. The UR dated 10-6-2015: non-certified the request for one pair of custom orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

A pair of custom orthotics: Overturned

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 (2015).

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, 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, the claimant had a metatarsal fracture and an antalgic gait. The symptoms are consistent with metatarsalgia and the request for orthotics is medically necessary.