

Case Number:	CM15-0054697		
Date Assigned:	03/30/2015	Date of Injury:	08/20/2007
Decision Date:	05/05/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/23/2015

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, Pain Management

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 59 year old female who sustained an industrial injury on 8/20/07 involving her forefoot. She currently complains of continued right forefoot pain and swelling. Medication is occasional ibuprofen. Diagnoses include chronic capsulitis right foot and second metatarsophangeal joint due to plantar plate injury; status post right second digit proximal interphalangeal joint arthrodesis and second intermetatarsal space neurectomy; chronic low back pain due to sacroiliac joint dysfunction and lumbar radiculopathy; morbid obesity, non-industrial and major depressive disorder. Identified treatments to date include medications, shoe orthotics, activity modification and injection into the second and third interspace for periodic relief of several months. Diagnostics include MRI lumbar spine revealing disc bulge and foraminal narrowing x-ray foot (no date). In the progress noted dated 10/30/14 the treating provider's plan of care includes a request for new shoes as her current ones do not fit due to increased swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic shoes Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices.

Decision rationale: ACOEM Chapter 14 Table 14-3 on page 370 recommends rigid orthotics as a treatment option for plantar fasciitis and metatarsalgia. Further guidelines are found in the ODG, which recommend orthotics for plantar fasciitis and for foot pain in rheumatoid arthritis. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the documentation, there is a request for both an orthotic and orthopedic shoe. It is unclear what type of orthopedic shoe this is referring to, as there are many types. Although there is metatarsalgia for which the foot orthotic component is warranted, there is no indication as to why a specialized shoe must accompany the orthotic. Many orthotics will fit with standard shoes. As such, the current request is not medically necessary.