MAXIMUS Federal Services

Case Number:	CM15-0058785		
Date Assigned:	04/03/2015	Date of Injury:	11/18/2013
Decision Date:	05/05/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/27/2015

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 54 year old male, who sustained an industrial injury on November 18, 2013. He reported when a column struck his left shoulder, knocking him down, landing on his right foot, with extremely sharp pain and loss of consciousness. The injured worker was diagnosed as having healed open fracture proximal phalanx right third toe, degenerative arthritis of the proximal interphalangeal joint off the right third toe and metatarsophalangeal (MTP) joint of the great toe, and posttraumatic arthritis of the MTP joint of the right third toe, status post resection of the proximal phalanx. Treatment to date has included right foot surgery for fracture repair in 2013, removal of hardware 2014, x-rays, surgery for bone removal 2014, physical therapy, and medication. Currently, the injured worker complains of pain in the right foot radiating up to the right upper leg, aching of the left side of the upper back, right leg, and right foot, numbness of the right shoulder and right foot, with pins and needles, stiffness, weakness, cramping, and burning sensations of the right foot, and giving way and swelling of the right foot. The Treating Physician's Initial orthopaedic Consultation dated February 26, 2015, noted shortening of the right third toe, pain with motion of the third and fourth toes, and tenderness over the metatarsals bands. X-rays of the right foot were noted to show a healed fracture of the proximal phalanx of the right third toe, extensive erosive changes in the third metatarsal head with severe metatarsophalangeal arthritis of the third toe and advanced degenerative changes at the metatarsophalangeal joint of the great toe. The treatment recommendations were noted to include request for authorization for MRI studies of the right foot, request for approval for an

orthotic with a longitudinal arch support and metatarsal pad, request for approval for an orthopedic foot and ankle specialist, and use of Extra Strength Tylenol for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 orthotic w/ longitudinal arch support and metatarsal pad: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372, 376. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Orthotics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

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 significant metataral arthritis and metatarsalgia. The request for an orthotic is appropriate and medically necessary.