

<b>Case Number:</b>	CM15-0081404		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Emergency Medicine

### 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 56 year old female, who sustained an industrial injury on 7/30/2013. Diagnoses include contusion of the hallux with fracture of the distal phalanx of the hallux, painful gait, bilateral knee derangement due to antalgic gait, degenerative joint disease of the first metatarsophalangeal joint and Metatarsalgia. Treatment to date has included injections and medications. Per the Primary Treating Physician's Progress Report dated 10/15/2014, the injured worker reported continuation of antalgic ambulation and difficulty with prolonged ambulation. Physical examination revealed swelling and edema to the right foot at the first metatarsophalangeal joint secondary to previous fracture of the distal phalanx of the hallux. The plan of care included, and authorization was requested for right foot orthotics.

### 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 ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Ankle and Foot: Orthotic devices.

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Patient has 1st metatarsophalangeal arthritis pain. It is unclear how orthotics will stabilize or decrease pain to 1st MTP joint. Right foot orthotics are not medically necessary.