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| Case Number: | CM14-0142620 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 12/05/2013 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 09/03/2014 |

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 28 year old male with a date of injury on 12/5/2013. The patient sustained a crush injury to the left foot, with subsequent 3rd and 4th toe amputation, and status post-surgery and skin grafting. Subjective complaints report small bubbles on the top and bottom of the left foot, and that patient was minimizing walking and uses a rollabout for offloading. Physical exam from 7/31/2014 reported ulcers over the left great toe that was debrided. On 8/11/14, exam showed bilateral gluteal muscle spasm, and tender SI joints. The left foot had tenderness to palpation, and decreased sensation. Gait defects were not described. Request was for a custom foot orthotic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Left foot Orthotics: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation FOOT/ANKLE, ORTHOTICS

Decision rationale: CA MTUS suggest use of orthotics for various foot complaints. Rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The ODG recommends orthotic devices for plantar fasciitis and foot pain from rheumatoid arthritis. For this patient, the surgical history and subsequent infections and amputation would indicate the need for an orthotic device to help with ambulation and further recovery. Therefore, the request is medically necessary.