

Case Number:	CM14-0186168		
Date Assigned:	11/14/2014	Date of Injury:	02/08/2011
Decision Date:	12/16/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/07/2014

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 Podiatric Surgery and is licensed to practice in New York. 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:

On 10/8/2014, patient presents to his doctor for evaluation of left foot pain. Patient has seen this physician many times in the past for left foot pain and has undergone numerous physical therapy treatments to his foot. Patient was status post rear foot reconstruction and hallux malleus surgery. He continues to have pain below his great toe joint left side. Left hallux dorsiflexion is roughly 30 with no plantar flexion. Patient's gait is shortened and antalgic. It is also a propulsive as compared to the right side. X-rays reveal mild to moderate osteoarthritis first Metatarsophalangeal Joint (MPJ), well reduced first MPJ, and consolidated osteotomies. The physician recommends a first MPJ fusion, however the patient would like more conservative treatments. A rocker bottom boot was recommended with a custom molded tri-laminate orthotic and carbon fiber insert.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stiff plantar plate orthotic (1 pair-hangar): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Shoes

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Orthotics

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for a stiff plantar plate orthotic (1 pair - Hanger) is not medically reasonable or necessary for this patient according to the guidelines. The MTUS and ODG guidelines are very specific, stating that orthotics is recommended for patients with painful plantar fasciitis. According to the physician, this patient requires an arthrodesis first MPJ left side. The enclosed progress notes do not advise that this patient has a diagnosis of plantar fasciitis. More specifically, this patient is diagnosed with osteoarthritis first MPJ.