

Case Number:	CM14-0095149		
Date Assigned:	09/15/2014	Date of Injury:	05/07/2008
Decision Date:	10/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 injured worker is a 54-year-old male with a reported date of injury on 05/07/2008. The mechanism of injury was noted to be cumulative trauma. Diagnoses were noted to include hallux valgus, second hammer toes, and pes planus. His previous treatments were noted to include orthotics and medications. The progress note dated 01/29/2014 revealed complaints of persistent problems with the left foot and great toe. There was pain along the dorsal aspect of the mid foot, primarily with push off. There was stiffness and pain on the left great toe, and he was unable to flex or extend the toe as freely as his right. There was pain with prolonged weight bearing and difficulty with activities requiring push off or dorsiflexion, such as kneeling, squatting, and climbing stairs. The injured worker had minimal pain to the right foot. The injured worker indicated orthotics were not being utilized secondary to infection, although he indicated he would resume using orthotics with the completion of physical therapy. The physical examination revealed a minimal left antalgic gait with diminished range of motion and full motor strength. Sensation was intact and deep tendon reflexes were 1+/2 at the knees and ankles. A Request for Authorization was not submitted within the medical records. The request was for One pair of Motion Control Orthotics due to a right great toe problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of Motion Control Orthotics: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Orthotic devices.

Decision rationale: The request for One pair of Motion Control Orthotics is not medically necessary. The injured worker has used orthotics, and the last progress note indicated he would utilize those orthotics after physical therapy was completed. The Official Disability Guidelines recommend orthotic devices for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain such as with plantar fasciitis, plantar fasciosis, and heel spur syndrome. Orthosis should be cautiously prescribed in treating plantar heel pain for patients who stand for long periods. Stretching exercises and heel pads are associated with better outcomes than custom made orthosis in people who stand for more than 8 hours per day. Evidence indicates either mechanical treatment with taping and orthotics appears to be more effective than either anti inflammatory or combinative modalities in the treatment of plantar fasciitis. Custom made foot orthoses were effective for rear foot pain and rheumatoid arthritis, and painful hallux valgus. However, surgery was a bit more effective for hallux valgus. It is unclear if custom made food orthoses were effective for plantar fasciitis or metatarsophalangeal joint pain in rheumatoid arthritis. The guidelines state custom made foot orthoses were effective in relief of pain for rheumatoid arthritis and painful hallux valgus. However, there is no indication the injured worker has tried other recommended orthotics such as shoe modification or inserts. Orthotics are recommended for plantar heel pain and the provider indicated it was for a right great toe problem. Therefore, the request is not medically necessary.