

Case Number:	CM14-0097251		
Date Assigned:	07/28/2014	Date of Injury:	03/10/2008
Decision Date:	09/16/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

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 has a subspecialty in Interventional Spine and is licensed to practice in California. 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 68 year old male with an injury date on 03/10/2008. Based on the 06/10/2014 progress report provided by [REDACTED], the diagnoses are; ingrown nail and painful ingrown nail. According to this report, the patient complains of chronic pain and occasional sharp pain at the right great toe. The condition has existed for several weeks. The patient presents to [REDACTED] office for surgery on the lateral 1st right nail border(s). The patient has history of paronychia. There were no other significant findings noted on this report. The utilization review denied the request on 06/13/2014. [REDACTED] is the requesting provider and he provided treatment report dated 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment- Right Foot Orthotic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation Integrated Treatment/Disability Duration Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Orthosis for foot/ plantar fasciitis ODG-TWC guidelines has the following regarding foot

orthosis:(<http://www.odg-twc.com/odgtwc/ankle.htm>)Under study. Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. (Crawford, 2003) As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. The percentages improved in each group were: (1) silicone insert, 95%; (2) rubber insert, 88%; (3) felt insert, 81%; (4) Achilles tendon and plantar fascia stretching only, 72%; and (5) custom orthosis, 68%. (Pfeffer, 1999) Evidence indicates mechanical treatment with taping and orthoses to be more effective than either anti-inflammatory or accommodative modalities in the treatment of plantar fasciitis. (Lynch, 1998) (Gross, 2002) For ankle sprains, the use of an elastic bandage has fewer complications than taping but appears to be associated with a slower return to work, and more reported instability than a semi-rigid ankle support. Lace-up ankle support appears effective in reducing swelling in the short-term compared with semi-rigid ankle support, elastic bandage and tape. (Kerkhoffs, 2002) For hallux valgus the evidence suggests that orthoses and night splints do not appear to be any more beneficial in improving outcomes than no treatment. (Ferrari-Cochrane, 2004) Semirigid foot orthotics appear to be more effective than supportive shoes worn alone or worn with soft orthoses for metatarsalgia. (Chalmers, 2000) The use of shock absorbing inserts in footwear probably reduces the incidence of stress fractures. There is insufficient evidence to determine the best design of such inserts but comfort and tolerability should be considered. Rehabilitation after tibial stress fracture may be aided by the use of pneumatic bracing but more evidence is required to confirm this. (Rome-Cochrane, 2005) Foot orthoses produce small short-term benefits in function and may also produce small reductions in pain for people with plantar fasciitis, but they do not have long-term beneficial effects compared with a sham device. The customized and prefabricated orthoses used in this trial have similar effectiveness in the treatment of plantar fasciitis. (Landorf, 2006) See also Ankle foot orthosis (AFO).

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Orthosis for foot/ plantar fasciitis <http://www.odg-twc.com/odgtwc/ankle.htm>The Expert Reviewer's decision rationale:According to the 06/10/2014 report by [REDACTED] this patient presents with pain and occasional sharp pain at the right great toe. The treating physician requested Durable Medical Equipment (DME) for right foot orthotics. The treating physician's report and request for authorization containing the request is not included in the file. The utilization review denial letter states "there is no focused clinical exam of his right foot included or x-rays to indicate a heel spur." The MTUS guidelines do not address orthotics. However, the Official Disability Guidelines (ODG) guidelines do recommend orthotic device for plantar fasciitis and for foot pain in rheumatoid arthritis. "Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome)." Review of the report do not indicates plantar fasciitis or foot pain in rheumatoid arthritis. Orthotic devices are not indicated for just pain and swelling. (ODG) supports "orthotic devices for plantar fasciitis, foot pain from rheumatoid arthritis and possibly ankle sprains." This patient does not present with any of these conditions. The request is considered not medically necessary.