

Case Number:	CM14-0168740		
Date Assigned:	10/16/2014	Date of Injury:	06/26/2010
Decision Date:	01/09/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/13/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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:

This 40 year old male sustained an inversion injury to the right foot on 6/26/2010. He sustained a Jones fracture treated with open reduction and internal fixation. The fracture went on to healing but he did complain of residual lateral discomfort. On examination, ankle pain was elicited by inversion, eversion and extreme limits of range of motion. Capillary refill time (CRT) of the toes was normal. There was tenderness to palpation at the base of the fifth metatarsal. The diagnosis was tendonitis of the peroneal tendons. On 5/1/14 there was a request to have right foot hardware removed. On 6/11/14 the injured worker underwent removal of the fixation screw from the right foot without complications. Post-operative visit dated 7/21/14 revealed well healed wound. The injured worker complained of lateral mid-foot tenderness with pain elicited by motion in the peroneus longus and brevis tendons. The medications included Norco and topical Voltaren. A request for custom made orthotics and muscle testing for orthotics was submitted on 9/10/14. On 9/15/14 the injured worker was much improved after surgery with less intense pain episodes that involved the ankle rather than the metatarsal. Motor strength was normal. He was involved in home exercise program for range of motion and strengthening. He was on full duty. On 9/17/14 Utilization Review non-certified the request for muscle testing and orthotics. There was no documentation in the clinical record of plantar fasciitis, plantar fascia versus, heel spur syndrome or rheumatoid arthritis. In addition prefabricated shoe inserts are recommended over custom orthotic devices or stretching alone even for all of these conditions. Since custom orthotics are not recommended, there was no medical necessity for muscle testing for fitting of custom orthotics. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle testing for orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Official Disability Guidelines (ODG) Section: Foot, Topic: Orthotic devices

Decision rationale: California MTUS does not address this issue. ODG guidelines indicate use of pre-fab shoe inserts and heel pads are preferred over custom made orthotic devices. They are effective in a variety of conditions including plantar fasciitis. In combination with stretching exercises the pre-fab inserts and heel pads are more likely to be helpful in people who are on their feet all day than custom made orthotics. There is no medical necessity of fitting and muscle testing for pre-fab inserts and as such per guidelines, the request for muscle testing for orthotics is not medically necessary