

Case Number:	CM14-0198609		
Date Assigned:	12/08/2014	Date of Injury:	06/11/2013
Decision Date:	01/23/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine, has a subspecialty in ENTER SUBSPECIALTY 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 an injured worker with a history of right foot injury. The podiatry consultation report dated November 7, 2014 documented an industrial injury to the right foot. The patient reports that on June 11, 2013, while walking into work she tripped on a boxing strap and injured her right foot. Treatment has been physical therapy, custom foot orthotics, and Ibuprofen. She had a MRI magnetic resonance imaging of the right foot two weeks ago. Her current symptoms include pain about the heads and bases of metatarsals 1-3, right foot weight bearing and ambulation aggravates their symptoms. Rest relieves the symptoms. Physical examination was documented. Patient is alert and oriented to person, time, and place, responds appropriately to verbal cues. Patient is in no acute distress. Dorsalis pedis and posterior tibial pulses are palpable on the right and left foot tone, temperature and turgor are within normal limits to both feet. Light touch is intact to both feet. Deep tendon reflexes are intact and symmetrical on the right foot and left foot. No focal erythema, edema, ecchymosis, or increased temperature to either lower extremity. There is pain with palpation about the right plantar first metatarsophalangeal joint and sesamoid apparatus. Muscle strength appears to be normal for plantar flexion, dorsiflexion, inversion and eversion of the right and left foot and ankle. Bilateral ankle and subtalar joint have full range of motion without pain or crepitus. MRI magnetic resonance imaging report of the right foot for date of service 10/16/14 demonstrated altered signal and morphology of the plantar plate of the first metatarsophalangeal joint at its distal insertion on the base of the proximal phalanx, suggestive of a plantar plate tear. Diagnosis was plantar plate tear. Treatment plan was documented. Meloxicam was prescribed. The podiatrist modified the patient's custom orthotic with a reverse Morton's extension on the right. A stiff rocker sole shoe gear was recommended. Ladies orthopedic footwear and shoe modification with rigid rocker bottom were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ladies orthopedic footwear, quantity 2: 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): 370-372, 376-377.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses foot orthotics and shoes. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints (pages 370-372) states that rigid orthotics are treatment options for plantar fasciitis and metatarsalgia. Shoes are a treatment option for foot conditions, including plantar fasciitis, tendinitis, tenosynovitis, forefoot sprain, neuroma, and heel spur. Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. Activities and postures that increase stress on a structurally damaged ankle or foot tend to aggravate symptoms. Correct undesirable correlated and compensatory motions and postures if possible. Weight bearing may be limited during the first few weeks, with gradual return to full weight bearing. Weight bearing with orthotics often returns function toward normal very quickly. Table 14-6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints (page 376) recommends for acute injuries, immobilization and weight bearing as tolerated, taping or bracing later to avoid exacerbation or for prevention. For appropriate diagnoses, rigid orthotics, metatarsal bars, heel donut, toe separator are recommended. Medical records document the diagnosis of plantar plate of the first metatarsophalangeal joint of the right foot. MRI magnetic resonance imaging report of the right foot for date of service 10/16/14 demonstrated altered signal and morphology of the plantar plate of the first metatarsophalangeal joint at its distal insertion on the base of the proximal phalanx, suggestive of a plantar plate tear. The podiatry consultation report dated November 7, 2014 documented that the podiatrist modified the patient's custom orthotic with a reverse Morton's extension on the right. A stiff rocker sole shoe gear was recommended. Ladies orthopedic footwear and shoe modification with rigid rocker bottom were requested. ACOEM guidelines recommend foot orthotics and shoes to improve structural stress with weight bearing and symptoms and correct undesirable motions and postures for prevention and treatment purposes. The medical records and ACOEM guidelines support the request for ladies orthopedic footwear and shoe modification with rigid rocker bottom. Therefore, the request for Ladies orthopedic footwear, quantity 2 is medically necessary.