

Case Number:	CM15-0112604		
Date Assigned:	06/19/2015	Date of Injury:	07/09/2014
Decision Date:	08/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/11/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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, who sustained an industrial injury on 7/9/14. The injured worker has complaints of right foot stiffness and painful and left foot motion. The documentation noted that examination revealed psoriatic nails, edema first metatarsophalangeal joint left greater than right, paresthesias involving the second and third is right foot consistent with neuroma formation, limited range of motion of the right metatarsophalangeal joint with associated pain and an implant present with decreased weight bearing to the first metatarsophalangeal joint resulting in overload to the second metatarsophalangeal joint with second metatarsophalangeal joint capsulitis and secondary effects to MET shafts and intermetatarsal spaces producing MET stress syndrome and neuritis. Left foot guarded painful fist metatarsophalangeal joint with pain on motion and decreased range of motion and apropulsive gait is noted. The diagnoses have included hallux rigidus; stiffness of joint, not elsewhere classified, ankle and foot; other joint derangement, not elsewhere classified, ankle and foot and pain in joint, ankle and foot. Treatment to date has included two surgical procedures for the right foot; acupuncture and injections. The request was for 2 custom foot braces; orthopedic in depth shoes with met bars times tow; bilateral met bars times two and custom inserts times six.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 custom foot braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Orthotic Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com.

Decision rationale: The MTUS is silent regarding the treatment of Hallux Rigidus. According to UptoDate.com, primary care clinicians can begin treatment with over-the-counter or custom orthotics and should advise patients to use shoes with adequate room in the toe box. Orthotics are the primary intervention used for most patients treated conservatively. Some patients, particularly those with obvious swelling of the first MTP joint, gain significant pain relief from glucocorticoid injection. In this case, the patient has hallux rigidus, the treatment has included surgery, acupuncture and injections. The use of custom inserts is medically appropriate however to guidelines indicate that an over-the-counter shoe that is wide at the toe may be used for comfort. The use of orthopedic in depth shoes with met bars x2, bilateral Met bars x2 or custom foot braces is not medically necessary.

Orthopedic in depth shoes with met bars x2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Orthotic Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com.

Decision rationale: The MTUS is silent regarding the treatment of Hallux Rigidus. According to UptoDate.com, primary care clinicians can begin treatment with over-the-counter or custom orthotics and should advise patients to use shoes with adequate room in the toe box. Orthotics are the primary intervention used for most patients treated conservatively. Some patients, particularly those with obvious swelling of the first MTP joint, gain significant pain relief from glucocorticoid injection. In this case, the patient has hallux rigidus, the treatment has included surgery, acupuncture and injections. The use of custom inserts is medically appropriate however to guidelines indicate that an over-the-counter shoe that is wide at the toe may be used for comfort. The use of orthopedic in depth shoes with met bars x2, bilateral Met bars x2 or custom foot braces is not medically necessary.

Bilateral Met bars x2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Orthotic Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com.

Decision rationale: The MTUS is silent regarding the treatment of Hallux Rigidus. According to UptoDate.com, primary care clinicians can begin treatment with over-the-counter or custom orthotics and should advise patients to use shoes with adequate room in the toe box. Orthotics are the primary intervention used for most patients treated conservatively. Some patients, particularly those with obvious swelling of the first MTP joint, gain significant pain relief from glucocorticoid injection. In this case, the patient has hallux rigidus, the treatment has included surgery, acupuncture and injections. The use of custom inserts is medically appropriate however to guidelines indicate that an over-the-counter shoe that is wide at the toe may be used for comfort. The use of orthopedic in depth shoes with met bars x2, bilateral Met bars x2 or custom foot braces is not medically necessary.

Custom inserts x6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Orthotic Devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386.

Decision rationale: According to the ACOEM, 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. In this case, the documentation shows that the patient has a diagnosis of foot and ankle pain. The physical exam is consistent with metatarsalgia therefore the medical necessity for custom rigid inserts is made and the request is medically necessary.