

Case Number:	CM15-0117366		
Date Assigned:	06/25/2015	Date of Injury:	10/14/2010
Decision Date:	07/31/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/17/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29 year old male patient who sustained an industrial injury on 10/14/2010. A recent primary treating office visit dated 05/07/2015 reported with complaint of ongoing right foot pain. He is diagnosed with right tibial sesamoid fracture; contusion of right foot and painful gait. An initial evaluation dated 10/21/2014 reported subjective complaint of having pain on the right big toe alongside the surgical scar with parasthesia's. He is status post right foot surgery on 08/22/2014. There is recommendation for the patient to undergo a course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Made Orthotics, Right Foot, Lumbar Spine, Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Foot Chapter, Orthotics.

Decision rationale: The patient presents with pain affecting the right foot, low back, and left knee. The current request is for Custom Made Orthotics, Right Foot, Lumbar Spine, and Left Knee. The requesting treating physician report was not found in the documents provided for review. A report dated 5/7/15(18C) states, "He has continuation of symptomatology[sic] of pain to squatting, crouching, toe walking, toe standing, heel walking, and heel standing and still has continuation of pain overall to the foot." The MTUS does not address the current request. The ODG has the following in the foot chapter regarding Orthotics: "Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis." The ODG guidelines in the knee chapter do recommend footwear for the treatment of OA of the knee. The ODG guidelines state that insoles and footwear offer great potential, as simple, inexpensive-treatment strategies for knee osteoarthritis and that specialized footwear can effectively reduce joint loads in subjects with knee osteoarthritis, compared with self-chosen shoes and control walking shoes. In this case, the current progress reports provided for review do not show any diagnosis of plantar fasciitis, rheumatoid arthritis, or OA of the knee. The current request does not satisfy the ODG guidelines as outlined in the knee, and foot chapters. The current request is not medically necessary.