

Case Number:	CM15-0119014		
Date Assigned:	06/29/2015	Date of Injury:	09/18/2013
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/19/2015

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, New York

Certification(s)/Specialty: Podiatrist

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 63-year-old diabetic male. The injured worker sustained an industrial injury on 9/18/13, and he subsequently reported right foot pain. Injury included diffuse metatarsalgia in the right foot with a Lisfranc dislocation. Having failed recovery by conservative means, six months post trauma, the affected structures of the right foot were treated surgically utilizing internal fixation of structures. The patient resumed normal work activity prior to expectation and expected post-surgical treatment guidelines were not followed. At approximately 18 months post right foot surgery, the patient is presently considered totally disabled. The injury is now identified with a non-union of the first metatarsal and dislocation of the fourth and fifth metatarsals. The affected right foot is described as stable, with full strength and full range of motion. The injured worker continues to experience right foot pain with ongoing diffuse metatarsalgia, paresthesia, hypoesthesia, guarded ambulation and limitations of gait. Upon examination, there was mild tenderness to palpation along the right Lisfranc tarsometatarsal joint. Rigidity throughout the range of motion is noted. Structural atrophy of the associated leg is noted. The internal fixation devices are reported to be intact as applied. The status of the right foot is reported as stable. Consideration for increased surgical intervention is made. A request for custom-made orthotics, bilateral feet, Qty: 2.00 is made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom made orthotics, bilateral feet, Qty: 2.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
OCCUPATIONAL MEDICINE PRACTICE OCCUPATIONAL MEDICINE GUIDELINES
ANKLE AND FOOT COMPLAINTS Page(s): 363, 370-374, 376.

Decision rationale: This patient presents with a history of significant foot trauma without spontaneous reduction, with reported swelling, with possible deformity of ankle and foot, with progressive neurologic compromise, i.e. atrophy or wastage of the right lower extremity, with sensory neuropathy, reported as decreased or absent sensation, with a history of diabetes and a history of Lisfranc dislocation, all as per: Table 14-1 - Red Flags for Potentially Serious Ankle and Foot Conditions, per MTUS, page 363. As per MTUS, Page 374: The patient's age exceeds 55 years, he suffers midfoot disorder, with obvious dislocation/subluxation. Recommendations for therapeutic management of such foot complaints, include; metatarsal arch bars, arch supports and rigid orthotics. Indications for orthosis as acceptable treatment derive from MTUS, Page 370; Table 14-3, Methods of Symptom Control for Ankle and Foot Complaints/Options. Verification from MTUS, Page 371 and Page 376, additionally support the use of rigid orthosis made to realign within the foot and from foot to leg, with the expectation of reducing pain experienced during walking and may reduce more global measures of pain and disability. The use of custom orthotics is an appropriate treatment in the management of this patient and is medically necessary.