

Case Number:	CM15-0123103		
Date Assigned:	07/07/2015	Date of Injury:	08/24/2011
Decision Date:	08/13/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 50 year-old female who sustained an industrial injury on 08/24/11. She reported multiple injuries after being struck by a forklift and dragged. Initial diagnoses are not available. Current podiatry diagnoses include tenosynovitis of the peroneal brevis tendon, healed fracture of the right foot, iatrogenic webbing of the third and fourth interspace, fracture of the third toe, painful gait, and desyndactylization of the third and fourth toes. Diagnostic testing and treatments to date have included MRI, EMG/NCS, right foot surgeries, partial amputation of the 4th and 5th toes, physical therapy, and pain medication management. In a most recent available progress note dated 04/30/15, the injured worker complains of ongoing right foot pain. She continues to wear regular shoes in a full weightbearing status and demonstrates pain that continues to persist with mild limited range of motion of the right foot. Requested treatments include two (2) pair of orthotics and orthotics shoes for the right foot/ankle. The injured worker's injuries are permanent and stationary; status is full duty. Date of Utilization Review: 06/17/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) pair of Orthotics and Orthotics shoes for the right foot/ankle: 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 Chapter - Orthotic Devices.

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

Decision rationale: The ACOEM chapter on foot and ankle complaints states: 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. The review of the records provided shows the patient to not have these diagnoses as outlined above. Therefore the request is not medically necessary.