

Case Number:	CM15-0129466		
Date Assigned:	07/16/2015	Date of Injury:	03/19/2014
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/06/2015

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 44 year old male, who sustained an industrial injury on 3/19/2014. He reported cumulative injuries to the left foot, shoulder, low back, left shoulder. Diagnoses include synovitis of the lateral compartment of the left knee, a post traumatic, acutely painful plantar keratoma sub-fifth metatarsal, pain left foot. As per the treating Podiatrist's 06/03/2015 evaluation, the injured worker reported that the left knee was more painful than the left foot. Cavus foot, bilateral, unspecified abnormal pronation was reported, tearing of the left peroneus brevis tendon was identified on MRI, limited eversion of the left foot, left shoulder strain and osteoarthritis were also reported. Treatments to date include chiropractic therapy and medication therapy. In clinic and patient applied self-reduction of the sub fifth metatarsal head keratoma with relief of symptoms is recorded. Currently, the injured worker complained of continued and increased left foot pain. On 6/13/15, the physical examination documented pain on compression palpation in the foot. The left knee was noted to have minimal swelling and tenderness. The provider documented an inverted stance and out toe position of both feet. Further, there was a short right limb approximately ¼ inch noted. The plan of care included a pair of custom molded orthotics with casting, management and training, which was requested for ongoing care management and denied as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom molded orthotics, 1 pair with casting, management and training: 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), Foot & Ankle (Acute & Chronic) Orthotic devices (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and foot complaints Page(s): 370, Table 14-3.

Decision rationale: The Primary Diagnosis of ICD 9 - 736.79 (Acquired deformity of Foot and Ankle, non-specified) documented 07/01/15, to support the request of: 1 pair of custom molded orthotics, with casting, management and training, is not supported by the medical record. The diagnoses of preexisting conditions: pes cavus, over pronation and plantar keratoma do not explain a relationship to the post traumatic consequences, as experienced by the injured worker. The MRI evaluation of 04/22/15, provided positive indication of a foot ankle sprain: a split tear of the peroneus brevis tendon of the left foot, which is in keeping with the injured workers present left, lower extremity findings, in sequel to acute onset trauma and which is likely to be temporary in nature as previously evaluated. As per MTUS; Methods of Symptom Control for Ankle and Foot Complaints, Table 14-3, bilateral, custom foot orthotics, are not indicated in the recommendations for the accepted treatment of this patient. The request is not medically necessary.