MAXIMUS Federal Services

Case Number:	CM15-0171755		
Date Assigned:	09/14/2015	Date of Injury:	05/18/2013
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/31/2015

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, California
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 32-year-old male, with a reported date of injury of 05-18-2013. The diagnoses include capsulitis, metatarsalgia, foot tendonitis, and left fourth MPJ (metatarso-phalangeal joint) plantar plate rupture. Treatments and evaluation to date have included ibuprofen, a CAM walker boot. The follow-up visit dated 07-31-2015 indicates that the injured worker continued to complain of pain underneath his left fourth MPJ. He stated that the pain was limiting his activities on a daily basis. The physical examination showed no acute distress; palpable dorsalis pedis and posterior tibial pulses; intact sensation; tenderness to palpation of the plantar aspect of the left fourth MPJ; unstable MPJ to distraction and dorsal drawer when compared to the lesser digits; mild swelling present; mild semi-rigid hammertoe on the left fourth toe; and mild dorsal contracture at the left fourth MPJ. It was noted that the previous MRI of the left foot revealed a partial plantar plate rupture of the left fourth MPJ. The injured worker's work status was noted as sitting work only. The request for authorization was dated 08-03-2015. The treating physician requested the purchase of one pair of custom orthotics. On 08-10-2015, Utilization Review non-certified the request for the purchase of one pair of custom orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair custom orthotics (purchase): Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods, Activity Alteration.

Decision rationale: 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. Night splints, as part of a treatment regimen. In this case, the claimant had a plantar plate rupture. Although the claimant was not diagnosed with fasciitis or matatarsalgia, the symptoms and risks are similar. As a result, the request for the orthotics is appropriate. This request is medically necessary.