

Case Number:	CM15-0178910		
Date Assigned:	09/21/2015	Date of Injury:	02/02/2015
Decision Date:	10/22/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/11/2015

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 55 year old male who sustained an industrial injury February 2, 2015. Past history included right fractures of the first, second, and third toes, and diabetes. On February 17, 2015 he was placed in an adjustable ankle CAM walker (fracture boot). On April 22, 2015, a primary treating physician's noted he has bony union of the second and third proximal phalange fractures and there is almost complete bony union of the proximal phalange of the right great toe. He continues using his boot and walking well and continues with physical therapy. He complains of burning, numbness and tingling in the right foot. A nerve conduction study was unremarkable for nerve injury and the injured worker declined electromyography. He was started on Lyrica. According to a podiatrists evaluation dated July 24, 2015, the injured worker presented with complaints of right foot pain. Objective findings included; palpable dorsalis pedis and posterior tibial pulses left and right foot; tone temperature and turgor within normal limits to both feet; light touch intact both feet; mild focal edema to the right forefoot; decreased dorsiflexion and plantar flexion of toes 1-4, right foot; muscle strength appears normal for plantar flexion, dorsiflexion, inversion and eversion of the right and left foot and ankle. The physician documented; "radiographs, 3 weight bearing views of the right foot demonstrate malunion of fractures of the heads of the proximal phalanx of toes 1-4; the fractures have consolidated; bone stock is that expected in a 55 year old male". Diagnoses are malunion of fracture; closed fracture of one or more phalanges of foot; mononeuritis of lower limb, unspecified; pain in limb. Treatment plan included a recommendation for a trial of Cymbalta and orthotics. At issue, is a request for authorization dated August 19, 2015, for custom molded foot orthotics x

(2). According to utilization review dated August 27, 2015 the request for (2) custom molded foot orthotics between July 24, 2015 and October 23, 2015 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom molded foot orthotics X 2: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care, Summary.

Decision rationale: According to the guidelines, 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. In this case, the claimant has a history of malunion and fractures of the digits on the right foot which causes pain and neuropathy similar to metatarsalgia. The request for orthotics is medically necessary.