

Case Number:	CM15-0065317		
Date Assigned:	04/13/2015	Date of Injury:	08/07/2013
Decision Date:	05/13/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/07/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on August 7, 2013. She reported a left foot contusion. The injured worker was diagnosed as having lisfranc joint inflammation; status post left foot contusion and chronic metatarsalgia. Treatment to date has included TENS unit, cold/hot wraps and medications. On February 18, 2015, the injured worker complained of constant swelling in the left foot with pain. She noted that she cannot take anti-inflammatory medications. She cannot do prolonged standing or walking or go up and down stairs. There is increased pain after walking two blocks. She was reported to still be working but missing work due to pain. Physical examination of the left foot revealed tenderness along the foot with not swelling present. Good range of motion was noted. The treatment plan included orthotics, medication and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Othotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot Chapter under Orthotics Ankle & Foot (Acute & Chronic) Chapter, under Mechanical Treatment (taping/orthoses) Knee & Leg Chapter under Insoles.

Decision rationale: Based on the 11/07/14 progress report provided by treating physician, the patient presents with left foot pain rated 3-6/10. The request is for Orthotics. RFA not provided. Patient's diagnosis on 11/07/14 included status post contusion left foot, and chronic metatarsalgia. Diagnosis on 07/14/14 included Lisfranc joint inflammation. Treatment to date has included TENS unit, cold/hot wraps and medications. Patient medications include Atenolol, Amlodipine, Losartan, Hydrochlorothiazide, Metformin, Insulin, Zanaflex, and Norco. Patient is to continue working as tolerated, per treater report dated 07/14/14. ACOEM and MTUS do not specifically discuss shoes. MTUS/ACOEM chapter 14, Ankle and Foot Complaints, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG-TWC, Ankle and Foot Chapter under Orthotics states: "both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses and people who stand for more than 8 hours per day." ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter, under Mechanical treatment (taping/orthoses) states: "Recommended. Evidence indicates mechanical treatment with taping and orthoses to be more effective than either anti-inflammatory or accommodative modalities in the treatment of plantar fasciitis (Lynch, 1998)." ODG-TWC, Knee & Leg Chapter under Insoles states: "Recommended as an option. Recommend lateral wedge insoles in mild OA but not advanced stages of OA." Per latest provided progress report dated 11/07/14, treater states "we have been authorized to provide [the patient] with one pair of motion-control orthotics with top cover," which will be dispensed on next evaluation. It is not known why current request is being placed, as the current non-certification UR date is 03/18/15. Nonetheless, ODG supports orthoses for plantar fasciitis, foot pain from rheumatoid arthritis and possibly ankle sprains; and insoles are an option for knee osteoarthritis. The patient has foot pain and a diagnosis of Lisfranc joint inflammation, but does not present with any of the aforementioned conditions indicated by ODG. Furthermore, there is no discussion of improvement due to "previously authorized" orthotics. This request does not meet guideline indications. Therefore, the request is not medically necessary.