

Case Number:	CM15-0067369		
Date Assigned:	04/15/2015	Date of Injury:	07/12/2012
Decision Date:	05/18/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/09/2015

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 25-year-old, female who sustained a work related injury on 7/12/12. The diagnoses have included flexor hallucis longus tenosynovitis of right foot surgery, hallux rigidus, scar conditions and fibrosis of skin and abnormality of gait. The treatment has included right foot surgery, physical therapy and custom orthotics. In the SOAP Note dated 3/31/15, the injured worker has completed custom foot orthotic breaking regimen. The treatment plan is for a second pair of orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of 2nd pair custom Foot Orthotic Casting: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EBM/Guidelines, California orthotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot, Bracing/ Immobilization, pages 10-11.

Decision rationale: A foot orthosis may be used during surgical or neurologic recovery. The specific purpose of an orthosis may be to provide toe dorsiflexion during the swing phase, medial and/or lateral stability during stance, and, if necessary, push-off stimulation during the late stance phase. Rigid mobilization may be used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. Additionally, per ODG, 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. Additionally, shoe modification may be an option in the conservative care for ankle fusion, non- or malunion of fracture, or traumatic arthritis with objective findings on imaging and clinical exam not presented here. Submitted reports have not demonstrated the indication or necessity for this custom orthosis when the patient was functioning with a prefabricated brace. There is no report of postoperative complications or comorbidity to support for this custom orthotic casting. The DME purchase of 2nd pair custom Foot Orthotic Casting is not medically and appropriate.