

Case Number:	CM15-0067989		
Date Assigned:	04/15/2015	Date of Injury:	02/15/2013
Decision Date:	05/14/2015	UR Denial Date:	03/13/2015
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: 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 was a 35 year old male, who sustained an industrial injury, February 15, 2013. The injured worker received the following treatments in the past right foot x-rays, hydrocodone, right foot surgery, random toxicology laboratory studies, CAM boot, crutches, Tylenol, and right foot surgery February 26, 2014. The injured worker was diagnosed with causalgia lower limb, foot pain and pain in the joint of the lower leg. According to progress note of March 4, 2015, the injured workers chief complaint was right foot and right toe pain. The injured worker rated the pain at 4 out of 10; 1 being the least pain and 10 being the worse pain. The physical examination revealed a claw toe deformity and lateral plantar foot raised area. There was tenderness with palpation over the 5th metatarsal, mid foot and 5th metatarsal. There was hyperalgesia and allodynia of the right lateral foot, some mild erythema at the lateral foot. The treatment plan included accustom mold for an orthotic shoe for the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Shoe (Not Specified If For Rental Or Purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: Page 370 of the MTUS guidelines states that she may be recommended for patients that suffer with hallux valgus, neuroma, or plantar fasciitis. According to the enclosed progress notes this patient does not have any of the aforementioned diagnoses therefore shoes cannot be recommended. The requested treatment is not medically necessary.

Custom Orthotic Mold (Not Specified If Rental Or Purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: According to the enclosed progress notes this patient was evaluated by his physician on September 9, 2014. During this visit patient was diagnosed with: status post right foot crush injury, status post right fifth metatarsal head condylectomy, chronic persistent right foot pain, painful surgical scar right foot, suspicion of complex regional pain syndrome right side, lumbosacral strain, right and left side sacroiliac joint dysfunction. During this visit it was recommended that patient obtain a referral to a podiatrist for "orthotics and shoes." Patient states that he has not been comfortable in his orthotics since his surgery, and he is unable to find comfortable shoes. MTUS guidelines state that 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. This patient does not have either of these diagnoses, therefore orthotics cannot be recommended.