

Case Number:	CM15-0094268		
Date Assigned:	05/20/2015	Date of Injury:	04/26/2011
Decision Date:	06/24/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/15/2015

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This male sustained an industrial injury on 4/26/11. The injured worker was involved in an explosion and was in a comma for 3-4 months. The injured worker had residual neurologic deficits to bilateral upper and lower extremities with Boutonniere deformities to bilateral fingers and chronic claw toe deformity to bilateral feet. The injured worker received nail care every six weeks from a podiatrist. In a podiatry progress note dated 12/29/14, the injured worker reported not having much feeling in his feet. The injured worker complained of intermittent left fifth toe pain. Physical exam was remarkable for mycotic, dystrophic and elongated toes bilaterally with a significant lesion at the right calcaneus, multiple hyperkeratotic lesions, extensor substitution with subsequent loss of anterior tibia tendon functionality contributing to claw toe deformity. The injured worker also exhibited lack of adequate dorsiflexion secondary to contracture or bony abutment with subsequent peripheral nerve damage of the posterior muscle group. Current diagnoses included onychomycosis, bilateral claw toe deformity, extensor substitution and painful hyperkeratotic lesion. The treatment plan included custom functional foot orthotics to address claw toe deformity due to extensor substitution. Notes indicate that the patient has one pair of ankle foot orthoses already and would like a 2nd pair so that he can use them while cleaning the 1st pair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom orthotics for the bilateral feet: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-3, page 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices.

Decision rationale: Regarding the request for custom orthotics, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the documentation available for review, it appears the patient already has orthotic devices. It appears the patient would like a 2nd pair for convenience. It is unclear why the patient would be unable to remove the orthotic he is currently using, wash them, and then continue using them. In the absence of clarity regarding that issue, the current request for custom orthotics is not medically necessary.