
Notice of Independent Medical Review Determination

Dated: 10/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/5/2013

3/15/2012

7/16/2013

CM13-0001650

- 1) MAXIMUS Federal Services, Inc. has determined the request for injection (unspecified dosage/quantity/site) **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 Boot (unspecified type/quantity) **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 Boot fitting **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for injection (unspecified dosage/quantity/site) **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 Boot (unspecified type/quantity) **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 Boot fitting **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Podiatry Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013:

“The patient is a 56 year-old male, employed as an [REDACTED]. The date of hire is not noted. The date of injury was March 15, 2013. The mechanism of injury occurred due to cumulative trauma from walking on concrete floors. The accepted injury is to both feet. The current diagnosis is: Plantar fasciitis. Treatment has included: Physical therapy.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 7/16/2013)
- Utilization Review from [REDACTED] (dated 7/5/2013)
- Medical Records from [REDACTED], MD [REDACTED] [REDACTED] (dated 7/26/12-5/29/13)
- Medical Records from [REDACTED] (dated 9/6/12)
- Medical Records from [REDACTED] (dated 10/24/12)
- Medical Records from [REDACTED] (dated 2/8/13-4/9/13)
- Medical Records from [REDACTED] (dated 3/27/13)

- Medical Records from [REDACTED] (dated 4/30/13-7/9/13)

1) Regarding the request for injection (unspecified dosage/quantity/site):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pg. 376, table 14-6 which is part of the Medical Treatment Utilization Schedule (MTUS) and relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on March 15, 2012 to the bilateral feet. The medical records provided for review indicate the diagnosis of plantar fasciitis. Treatment has included physical therapy, home exercises, and medication management. The request is for injection (unspecified dosage/quantity/site).

The MTUS/ACOEM guidelines state "for patients with point tenderness in the area of a heel spurs, plantar fasciitis, or Morton's neuroma, local injection of lidocaine and cortisone solution" is warranted. In this case, it appears that the employee has tried all the conservative measures, however, the pain is still present. Therefore, the request for injection (unspecified dosage/quantity/site) is medically necessary and appropriate.

2) Regarding the request for 1 Boot (unspecified type/quantity):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 371 which is part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) Orthotics, which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on March 15, 2012 to the bilateral feet. The medical records provided for review indicate the diagnosis of plantar fasciitis. Treatment has included physical therapy, home exercises, and medication management. The request is for 1 boot (unspecified type/quantity).

The MTUS ACOEM Guidelines advise that "Night splints, as part of a treatment regimen that may include stretching, range-of-motion (ROM) exercises and nonsteroidal anti-inflammatory drugs (NSAIDs), may be effective in treating plantar fasciitis, though evidence is limited." The clinical notes document evidence that the employee has suffered with plantar fasciitis for many months

without the resolution of pain with physical therapy. The provider has recommended a plantar fascia night splint. The request for 1 boot (unspecified type/quantity) is medically necessary and appropriate.

3) Regarding the request for 1 Boot fitting:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009) Foot and Ankle Orthotics, a medical treatment guideline which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pg. 371 which is part of the MTUS and relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on March 15, 2012 to the bilateral feet. The medical records provided for review indicate the diagnosis of plantar fasciitis. Treatment has included physical therapy, home exercises, and medication management. The request is for 1 boot fitting.

The MTUS/ACOEM Guidelines advise that "Night splints, as part of a treatment regimen that may include stretching, range-of-motion (ROM) exercises and nonsteroidal anti-inflammatory drugs (NSAIDs), may be effective in treating plantar fasciitis, though evidence is limited." The clinical notes document evidence that the employee has suffered with plantar fasciitis for many months without the resolution of pain with physical therapy. The plantar fascia night splint has been deemed medically necessary and appropriate, and it is reasonable for the employee to have the device fitted properly. The request for 1 boot fitting is medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.