

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/4/2013
Date of Injury:	11/16/1987
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005016

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Verapamil cream is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one pair of custom orthotics is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 **Verapamil cream is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one pair of custom orthotics is not 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 Podiatrist 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.

Expert Reviewer Case Summary:

This patient presents to her podiatrist with painful nodules to the plantar aspect of her feet, within the medial arch. She relates constant throbbing to the areas. The pain has made her limp and walk on the outside of her feet. These are thought to be caused by an injury in 1987. The physical exam of 1-20-2011 reveals two palpable and painful nodules to the plantar medial arch BL. A diagnosis of plantar fibromatosis is noted in the progress notes. Cortisone injections to the lesions, Physical therapy (PT), and custom orthotics are noted as treatments. On 3-7-2012 nerve conduction studies and an MRI was ordered. It appears that surgical removal of the fibromas was discussed as well.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for prescription of Verapamil cream:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14); table 14-6 Summary of Recommendations, page 376-377, which is part of the MTUS.

Rationale for the Decision:

A review of the enclosed MTUS guidelines (specifically chapter 14: Ankle and Foot Complaints) demonstrates no mention of Verapamil cream for the treatment of plantar fibromas. In fact, Table 14-6: Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints, has no mention of Verapamil as a recommended treatment for plantar fibromas. **The request for Verapamil Cream is not medically necessary and appropriate.**

2) Regarding the request for one pair of custom orthotics:

Section of the Medical Treatment Utilization Schedule 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, 2nd Edition, (2004), page 371, which is part of the MTUS, and the Official Disability Guidelines, Ankle & Foot (Acute & Chronic), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), page 371, which is part of the MTUS.

Rationale for the Decision:

A review of the enclosed MTUS guidelines (specifically chapter 14: Ankle and Foot Complaints) does not recommend the use of custom orthotics for the treatment of plantar fibromas. MTUS guidelines, Chapter 14, pg 371 advises 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." **The request for one pair of custom orthotics is not 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,

Paul Manchester, MD, MPH
Medical Director

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

/db

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.