

Case Number:	CM13-0019466		
Date Assigned:	10/11/2013	Date of Injury:	04/10/2012
Decision Date:	12/10/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Occupational and Environmental Medicine has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 individual is a 40 year old male with a 4-10-12 date of industrial injury to the bilateral knees, both elbows and shoulders, and to the right hand and wrist. He complains of bilateral knee, bilateral elbows, bilateral shoulders, left foot and right hand/wrist pain. Individual does participate in a home exercise program as well as splinting his right hand/wrist. He had a left total knee replacement in 2006, a right wrist surgery in 1991, and a lumbar micro decompression at L5-S1 in July 2013. At a visit 6-21-13, prior to his utilization review 8-26-13, the individual described his pain at an 8- 9/10 pain scale. On exam, limited range of motion to the left foot and ankle were noted. No malrotation of the digits or tenderness in the mid or fore foot noted. Achilles tendon intact. Foot exam was within normal limits with the exception of the limited range of motion. The individual stated that he wanted the heel cups "because they helped with his back pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL HEEL CUPS: 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): 361-386.

Decision rationale: ACOEM recommends the use of foot braces or immobilization supports in acute injuries in order to avoid exacerbation of injury. The use of a heel cup, or heel support, is noted to be effective in the treatment of Plantar Fasciitis, which this individual does not have. The only symptomology noted on the most recent physical exam prior to his utilization review was for limited range of motion. ACOEM recommends a home exercise program specific for feet and ankles, including stretching and strengthening to increase range of motion. In the medical records, the reason for the request for heel cups was because the individual stated that heel cups helped with his back pain. ACEOM does not recommend heel cups in the treatment of back pain so therefore bilateral heel cups are not medically necessary.