

Case Number:	CM13-0025416		
Date Assigned:	11/20/2013	Date of Injury:	07/23/2007
Decision Date:	01/31/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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:

The patient is a 58-year-old injured worker who reported an injury on 07/23/2007. The mechanism of injury was not provided in the medical records. The patient's initial course of therapy included rest; however, the patient received a right knee surgery on 02/27/2008. The patient later had an ACL repair on the right side in 09/2009 with postoperative physical therapy. The patient has had continued complaints of right knee pain and is anticipating a total right knee arthroplasty. In 09/2010, the patient started to develop left heel pain that was exacerbated by prolonged weight bearing. The patient received 1 cortisone injection to the left heel on an unknown date with reported benefit. The first clinical record that reports a diagnosis of left heel plantar fasciitis is 11/13/2012. In the clinical note dated 09/17/2013, it is noted that the patient has developed right heel plantar fasciitis as a result of right Achilles tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics purchase for both feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: The California MTUS/ACOEM Guidelines recommends the use of rigid orthotics in the treatment of plantar fasciitis. Guidelines state that the use of orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients. The clinical notes submitted for review have documented diagnoses of bilateral plantar fasciitis since 09/2013. However, the patient was noted to have received benefit from an injection to the left heel but there is no documentation submitted indicating what conservative care has been provided addressing the right heel pain prior to the use of orthotics. The request for the purchase of orthotics for both feet is not medically necessary and appropriate.