

Case Number:	CM13-0033234		
Date Assigned:	01/03/2014	Date of Injury:	03/13/2013
Decision Date:	03/18/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine and Rehabilitation 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 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 male that sustained a right knee injury on 3/13/13 while employed by [REDACTED]. The request under consideration includes bilateral heel cups. The treatment began at [REDACTED], then was transferred to [REDACTED] to include medications, bracing, rest, exercises, and physical therapy. Due to persistent, slow to improve symptoms, the patient was referred to orthopedist on 4/30/13. It was noted by provider the patient had persistent knee pain, however, without locking, swelling, or buckling. The exam showed full but guarded range of motion, diffuse tenderness and no instability or findings suggestive of any internal derangement. The diagnoses include right knee sprain/ strain/ contusion with partial ligament tear by MRI. Further conservative care was recommended and the patient was returned to work with restrictions. At follow-up on 6/11/13, provider noted the patient was improving with physical therapy. The exam was normal and the patient was returned to full duty without restrictions with home exercises recommended. There was no mention for any heel cups as requested by another provider. The bilateral heel cups were non-certified on 9/24/13 citing guidelines criteria and lack of medical necessity.

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: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Heel Pads.

Decision rationale: Per Guidelines, there is little information available from trials to support the use of heel pads in the treatment of acute or chronic Achilles tendinitis, but as part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. However, clinical findings per submitted medical reports only relate to right knee complaints and diagnoses without any reference of any heel or midfoot deformities or positive testing, consistent for plantar fasciitis. The bilateral heel cups are not medically necessary and appropriate.