

Case Number:	CM13-0046910		
Date Assigned:	12/27/2013	Date of Injury:	02/22/2012
Decision Date:	02/20/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/01/2013

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 Podiatric surgery and is licensed to practice in New York. 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 original date of injury was 2-22-2012, in which the patient sustained a right foot trauma. She was diagnosed with right plantar fasciitis and sprained ankle. An MRI dated 4-6-2012 reveals tenosynovitis of the right posterior tibial tendon with bone contusion on lateral right talus as well as ruptured deltoid ligament of the medial right ankle. Over many months the patient was treated with oral NSAIDS, immobilization with CAM walker, physical therapy, functional orthotics, as well as extra depth shoes. As of 10-7-2013 the patient states that she is much better, with significantly improved right foot pain. She states that the adjustments to the orthotics have helped to alleviate her pain. The physical examination shows that the gait has improved without severe calcaneal valgus right. Also left foot extensor tendinitis is noted on exam. Prescribed medications include Norco, Daypro, and Prilosec. The chart note recommends one pair of dress foot orthotics in preparation for return to work, one pair of dress shoes to accommodate the orthotics, prescription for 1% Voltaren gel to apply to foot 4-6 times a day, Flector patch to be applied to foot nightly.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of dress foot orthotics in preparation for return to work: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: After careful review of the enclosed information and the Medical Treatment Utilization Schedule (MTUS) coverage criteria for orthotics, one pair of dress foot orthotics in preparation for return to work is reasonable and medically necessary. The MTUS guidelines state 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. This patient has a diagnosis of plantar fasciitis post injury.

One pair of dress shoes to accommodate the dress orthotics in the patient's feet: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Medicare coverage guidelines for shoes.

Decision rationale: After careful review of the enclosed information and the Medical Treatment Utilization Schedule (MTUS) coverage guidelines, the requested pair of dress shoes is not medically necessary or reasonable. The progress notes enclosed advise that this patient has diagnoses including plantar fasciitis, tenosynovitis, ankle sprain, and bone contusion. The MTUS guidelines advised that the recommended treatments for the above diagnoses are; immobilization, splinting, splint, temporary cast or surgical shoe if needed, heel donut, soft supportive shoes (not thin unsupportive dress shoes), and rigid orthotics. Incidentally, the patient already has a pair of extra depth supportive shoes, which are appropriate. Furthermore, Medicare guidelines state that shoes will be covered if they are an integral (attached) part of a brace. This is not the case with the dress shoes.

Prescription for 1% Voltaran gel, one tube rub small amount into left foot extensor tendon four to six times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: After careful review of the enclosed information and the Medical Treatment Utilization Schedule (MTUS) coverage guidelines Voltaren Gel is not medically reasonable or necessary for this patient's diagnoses. The MTUS guidelines for chronic pain treatment state that Voltaren® Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per

day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity).This patient does not have diagnosis of osteoarthritis, which Voltaren is indicated for.

Prescription flector patches, box of 30; sig use piece of patch for 12 hours at night, to help with stiffness left extensor tendon and left hallux: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: After careful review of the enclosed information and the Medical Treatment Utilization Schedule (MTUS) coverage guidelines Flector patch (diclofenac) is not medically reasonable or necessary for this patient's diagnoses. The MTUS guidelines for chronic pain treatment state that diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity).This patient does not have diagnosis of osteoarthritis, which diclofenac is indicated for.