

Case Number:	CM13-0067014		
Date Assigned:	01/03/2014	Date of Injury:	12/22/2009
Decision Date:	06/20/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/17/2013

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 Podiatry 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 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 injured worker is a 59-year-old female who reported injury on 12/22/2009. The mechanism of injury was cumulative trauma. The injured worker underwent a plantar fascia release on 09/06/2013. Prior treatments included physical therapy, injections, CAM walker, splints, brace, and medications with no significant improvement. The documentation of 11/06/2013 revealed the injured worker had continued forefoot pain because of the way she ambulated and the way she stood. The injured worker had continuation of symptomatic improvement in the heel but had continued to demonstrate forefoot pain. The injured worker had midfoot pain due to antalgic ambulation because of also plantar fascia causing excessive stressors on the midfoot. The diagnosis included plantar fasciitis left foot and derangement of the left ankle. The treatment plan included a functional biomechanical orthotic.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORKUP FOR FUNCTIONAL BIOMECHANICAL ORTHOTICS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 371. Decision based on Non-MTUS Citation ODG, Ankle and Foot Chapter.

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

Decision rationale: The ACOEM Guidelines indicate that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The clinical documentation submitted for review indicated the injured worker had plantar fasciitis and had surgery for the same diagnosis. This request was previously denied due to the injured worker not trialing and failing an over the counter or rigid orthotic. The documentation failed to indicate the injured worker had trialed an over the counter or rigid orthotic. However, the injured worker should have been provided a custom made device post operatively for biomechanical control that was needed. These devices provide a transmission from the torque in the tibia to the subtalar joint & midtalar joint, & into the foot (at 90 degrees to the tibia). As propulsion progresses & the 1st toe is dorsiflexed, it pulls on the medial fascia, at the heel. This is known as the "Windless" mechanism. The medial aspect of the foot is the "Mobile Adaptive" column. The better, more custom (from a cast) the device, the better the control of the energy force (3 X body weight for walking, & 5X running). An over the counter or rigid orthotic would not provide the necessary biomechanical control. There was no documentation of such a device. The injured worker had continuation of symptomatic improvement of the heel but had continued to demonstrate forefoot pain and had midfoot pain due to antalgic ambulation because of also plantar fascia causing excessive stressors on the midfoot. Given the above, and the exceptional factors, the request for workup for functional biomechanic orthotics is medically necessary.