MAXIMUS Federal Services

Case Number:	CM13-0069409		
Date Assigned:	04/02/2014	Date of Injury:	07/22/2012
Decision Date:	06/30/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/21/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 40-year-old male who reported an injury on 07/22/2012 of an unknown mechanism. The clinical note dated 10/22/2013 indicated diagnoses of lumbar discopathy with radiculitis, rule out internal derangement of right hip, bilateral plantar fasciitis and Morton's neuroma third interspace bilaterally per AME. The injured worker reported persistent pain to the low back that radiated to the lower extremities with numbness and tingling. He also reported persistent bilateral foot pain. On physical exam of the lumbar spine, there was tenderness upon palpation from the mid to distal lumbar segments and pain with terminal motion. The injured worker's seated nerve root test was positive. There was dysesthesia at the L5 and S1 dermatomes on the right. On exam of the right hip, there was pain and tenderness in the posterolateral region. The injured worker's bilateral feet revealed tenderness at the plantar aspect of the feet and third interspace with pain to the forced dorsiflexion of the feet. The Request for Authorization was submitted on 11/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM ORTHOTICS 2 PAIRS (ONE FOR WORK AND ONE FOR REGULAR):
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The MTUS/ACOEM guidelines states the 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.The Official Disability Guidelines (ODG) recommend orthotics for plantar fasciitis and for foot pain in rheumatoid arthritis. Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. The Official Disability Guidelines also indicate orthotic devices 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. In this case, the employee does have a diagnosis of bilateral plantar fasciitis; however, it was unclear whether the employee underwent a trial of the prefabricated orthotics and the therapeutic effect of the prefabricated orthotics. The severity of the employee plantar fasciitis was unclear within the provided documentation as well as the functional deficits related to the plantar fasciitis. Therefore, the request for Custom orthotics 2 pairs (one for work and one for reqular) is not medically necessary and appropriate.