MAXIMUS Federal Services

Case Number:	CM14-0009811		
Date Assigned:	02/21/2014	Date of Injury:	03/02/2007
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/23/2014

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 & 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 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:

According to the records made available for review, this is a 59-year-old male with a 3/2/08 date of injury. At the time (11/1/13) of request for authorization for one pair of standard rigid orthotics, there is documentation of subjective (pain in his left knee and during weight bearing activities) and objective (persistent moderate tenderness to the plantar medial aspect of his left heel in the area of the origin of the plantar fascia which extends into the medial arch) findings, current diagnoses (plantar fasciitis), and treatment to date (orthotics). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of orthotics. In addition, there is no documentation of loss, irreparable damage or wear, or a change in the patient's condition subject to provision.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PAIR OF STANDARD RIGID ORTHOTICS: 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): 371.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference American College of Occupational and Environmental Medicine (ACOEM) Guidelines identifies documentation plantar fasciitis or metatarsalgia, as criteria necessary to support the medical necessity of orthotics. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of loss, irreparable damage or wear, or a change in the patient's condition subject to provision, as criteria necessary to support the medical necessity of replacement of durable medical equipment. Within the medical information available for review, there is documentation of a diagnosis of plantar fasciitis. In addition, there is documentation of plantar fasciitis and previous use of orthotics. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of orthotics. In addition, there is no documentation of loss, irreparable damage or wear, or a change in the patient's condition subject to provision. Therefore, based on guidelines and a review of the evidence, the request for one pair of standard rigid orthotics is not medically necessary.