

Case Number:	CM14-0103921		
Date Assigned:	07/30/2014	Date of Injury:	08/27/2013
Decision Date:	09/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 26-year-old gentleman was reportedly injured on 27 August 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 16, 2014, indicates that there are ongoing complaints of left foot pain. The injured employee stated he is increased his walking up to 15 minutes. The physical examination demonstrated swelling of the left foot and tenderness along the plantar fascia and dorsal surface. An antalgic gait was noted. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy and home exercise. A request had been made for bilateral custom foot orthotics and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Foot Orthotics, Custom Made: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Orthotic Devices, Updated July 29, 2014.

Decision rationale: According to the Official Disability Guidelines, orthotic devices are indicated for plantar fasciitis or foot pain with rheumatoid arthritis. While the progress note dated July 16, 2014, indicates tenderness along the plantar fascia is not indicated that this injured employee has a diagnosis of plantar fasciitis in relationship to the previous metatarsal fractures that have been sustained or if this is just referred metatarsal pain. Additionally there has been no trial of over-the-counter orthotics. For these reasons, this request for bilateral custom made for orthotics is not medically necessary.