

Case Number:	CM14-0110992		
Date Assigned:	09/19/2014	Date of Injury:	07/24/2008
Decision Date:	10/23/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/16/2014

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 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 59-year-old male with a reported injury on 07/24/2008. The mechanism of injury was continuous trauma. The injured worker's diagnoses included status post bilateral foot excision of plantar schwannomas on 11/30/2010; lesions - large plantar aponeurosis; bilateral foot plantar fasciitis; history of increased signs and symptoms. The injured worker's previous treatments included medications, chiropractic care, orthotics, a TENS unit, and a home exercise program. The injured worker's diagnostic testing included an MRI on 09/24/2010. The injured worker's surgical history is listed above. The injured worker was evaluated on 06/11/2014 for bilateral foot pain and the injured worker was requesting orthotic replacements. The injured worker rated his pain as 6/10 and described it as mild to moderate, intermittent, and burning to both feet. The clinician observed and reported scars on the right and left foot. Discoloration to the dorsum of the left foot was noted. Pes planus positive bilaterally. Range of motion at the ankle was measured at 20 degrees/40 degrees/30 degrees/20 degrees bilaterally. The injured worker's medications included Motrin 800 mg 4 times per day as needed. The request was for DME: Shoe Orthotics, custom replacements (one set). The rationale for this request was because the old authorized orthotics was worn out. The clinician reports that the patient is requesting replacements as previous orthotics benefitted him by increasing his ability to work full duties, decrease medications, and avoid deterioration and/or setback of orthotic complaints. No Request for Authorization Form was provided however a handwritten request for Authorization Form was dated 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Shoe Orthotics, Custom Replacements (one set): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <http://www.odg-twc.com/odgtwc/ankle.him>

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

Decision rationale: The injured worker does have a diagnosis of bilateral plantar fasciitis. The California MTUS ACOM Guidelines recommend heel donuts in the treatment of plantar fasciitis. Heel donuts are not custom made devices. Therefore the request for DME: Shoe Orthotics, custom replacements (one set) is not medically necessary.