MAXIMUS Federal Services

Case Number:	CM14-0111563		
Date Assigned:	08/01/2014	Date of Injury:	01/09/2014
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/17/2014

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 Podiatric Surgery and is licensed to practice in New York. 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 enclosed information, the original date of injury was 1/19/2014. This patient sustained an injury to the posterior aspect of the right foot. Prior treatment included oral anti-inflammatory medication, postoperative shoe, CAM walker, occupational therapy, local injection of anesthetic and steroid to the painful heel area. X-rays taken on 1/28/14 did not reveal any fractures. On 4/24/2014, the patient underwent an MRI evaluation of the right foot. The MRI noted irregular protuberant spurring from the calcaneus with reactive marrow changes. On 6/9/2014 the patient was evaluated again for posterior right heel pain. The patient states that he is improving. Physical exam that day demonstrates improvement since last visit with reduction in Achilles tendinitis and bursitis right side. Also noted was an excessive pronation of the bilateral feet with modest plantar fasciitis and postural fatigue. The physician recommended total contact orthotics as well as a pair of extra depth shoes. Diagnoses include closed fracture of unspecified bone of foot, contusion of foot, and entheseopathy of ankle and tarsus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of 1 pair of Total Contact Foot Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot.

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

Decision rationale: It is well-documented that this patient suffered a contusion to the posterior right heel which eventually ended up in insertional Achilles tendinitis and posterior calcaneal bursitis. It is noted that the patient is improving. The physician has requested total contact orthotics to alleviate the patient's over-pronation of the bilateral feet. The ACOEM Guidelines state that 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. This patient does not have a diagnosis of a plantar fasciitis or metatarsalgia, and therefore would not qualify for orthotic therapy.

Purchase of 1 pair of Extra Depth Shoes: 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), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, "Shoes".

Decision rationale: The ODG knee chapter does advise that special footwear is recommended as an option for knee arthritis. It is not documented that this patient is suffering from knee arthritis. Therefore, the request for extra depth shoes is not medically necessary and appropriate.