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| Case Number: | CM14-0115943 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 09/01/2011 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/22/2014 |

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 Pain Medicine 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 65-year-old male with a reported date of injury of 09/01/2011. The mechanism of injury was noted to be from cumulative trauma. His diagnoses were noted to include chronic bilateral foot pain, plantar fasciitis, plantar fasciosis, periosteosis, bursitis, enthesopathy to the heel and arch bilaterally, entrapment neuritis, bunion deformity, structure deformity, keratotic fissuring heels bilaterally, sinus tarsitis and lateral ankle capsulitis bilaterally to the feet and ankles, contracture to the plantar fascia with associated mild swelling bilaterally. His previous treatments were noted to include custom orthotics and heel cups. The progress note dated 06/27/2014, revealed the injured worker complained of foot pain bilaterally to the medial and plantar heel and the central, medial and proximal arch. The injured worker reported improvement with the use of tape immobilization. The physical examination revealed, in addition to his heel/arch, he had pain in the metatarsal shafts and the ball of the foot, which appear to be secondary in an attempt to offload his heel and arch. The pain level could reach +3/10 to 4/10 depending on the activity and the length of time standing. It was noted to have improved with tape immobilization and the injured worker expressed concern that he would not be able to go back to his normal job responsibilities. The neurological examination revealed reflexes at the patellae 2/4 and Achilles 1/4, symmetrical and regular bilaterally. There was a normal plantar response. The sensory examination was within normal limits. The musculoskeletal examination revealed muscle tone and strength within normal limits. The Request for Authorization form was not submitted within the medical records. The request was for custom orthotic foot braces, orthotic in depth shoes with custom inserts times 3 pair, compression brace times 4 two to wear and 2 to wash, anticontractual night splint for stretching the Achilles and plantar fascia and compression hose times 5 pair allowing for daily use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pair of Custom Orthotic Foot Braces: 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), Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter, Walking Aids. (Immobilization).

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.

Decision rationale: The request for 1 pair of custom orthotic foot braces is non-certified. The injured worker was prescribed the orthotic braces to attempt to return to work. The Official Disability Guidelines recommend orthotic devices for plantar fasciitis and for foot pain in for rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). 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. Evidence indicates mechanical treatment with taping and orthoses to be more effective than either anti-inflammatory or accommodative modalities in the treatment of plantar fasciitis. The injured worker had been provided custom orthotic foot braces, which he reported had helped until recently and now had recurrent pain. The injured worker also indicated that he had improvement with the use of tape immobilization. The guidelines state the stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than 8 hours a day and the injured worker indicated he would be standing for long periods at his job. Therefore, due to the custom orthotic foot braces no longer helping his pain and the guidelines recommending heel pads for injured workers who will stand for more than 8 hours a day, the custom orthotic foot braces are not supported by the guidelines. Therefore, the request is non-certified.

2 Anticontractual Night Splints: 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), Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter.

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

Decision rationale: The request for 2 anticontractual night splints is non-certified. The injured worker has contractured foot with plantar fasciitis. The California MTUS/ACOEM Guidelines recommend for plantar fasciitis a heel donut, soft, supportive shoes or rigid orthotics. The guidelines state night splints, as part of a treatment regimen, that may include stretching, range of

motion exercises and nonsteroidal anti-inflammatory drugs may be effective in treating plantar fasciitis, though evidence is limited. The guidelines state night splints have limited evidence for use in treating plantar fasciitis and therefore are not supported by the guidelines. The guidelines recommend bracing by a brace or tape and the injured worker indicated the tape was working well. As such, the request is non-certified.

3 Pairs of Orthopedic In-Depth Shoes with Custom Inserts and Compression Brace: 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), Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter, Footwear, knee arthritis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and foot, Rest (RICE).

Decision rationale: The request for 3 pairs of orthopedic in-depth shoes with custom inserts and compression brace is non-certified. California MTUS/ACOEM Practice Guidelines recommend for plantar fasciitis a heel donut, soft, supportive shoes and rigid orthotics. The guidelines state rigid orthotics (full-shoe-length inserts made to realign with the foot 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. There is limited evidence for the effectiveness of impulse compression or coupled electrical stimulation treatment to accelerate delayed fracture union. The injured worker has been diagnosed with plantar fasciitis and complains of foot and ankle pain. The Official Disability Guidelines recommend rest, ice, compression and elevation for the first 24 hours of a sprain/fracture. Rest and immobilization appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. The use of ice and compression, in combination with rest and elevation is an important aspect of treatment in the acute phase of lateral ankle injury. There is a lack of documentation regarding the medical necessity for orthopedic in-depth shoes and a compression brace. The Guidelines recommend compression for the ankle for the first 24 hours after injury and the injured worker's injury is 3 years old. Therefore, the request is non-certified.

The prospective request for 5 Pairs of Compression Hose: 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), Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter, Compression Garments.

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, Rest (RICE).

Decision rationale: The prospective request for 5 pairs of compression hose is non-certified. The injured worker has a diagnosis of plantar fasciitis. The Official Disability Guidelines

recommend rest, ice, compression and elevation as appropriate for the first 24 hours of a sprain/fracture. Rest and immobilization appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. The use of ice and compression, in combination with rest and elevation, is an important aspect of treatment in the acute phase of lateral ankle injury. However, the injured worker's injury is 3 years old. Therefore, compression hose is not supported by the guidelines. Therefore, the request is non-certified.