

Case Number:	CM14-0121548		
Date Assigned:	08/06/2014	Date of Injury:	01/21/2013
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/01/2014

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 notes, the original date of injury for this patient was 1/21/2013. On 7/2/2014 the patient visited his physician with complaints of low back pain and left foot pain. Pain appeared worse upon first steps in the morning and in the evening. Physical exam reveals tenderness upon palpation to the plantar medial fascia left and plantar calcaneal area both medially and centrally. The exam also noted that neurovascular status was grossly intact. Diagnoses included myofascial pain syndrome, plantar fasciitis left foot, and lumbar radiculitis. X-rays taken on 3/13/2013 reveal a 3 x 5 mm dystrophic or post traumatic calcific like density contiguous with the distal superior talus and small accessory ossicles posterior talus. Custom foot orthotics were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom fabricated foot orthosis for the left foot: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG, Orthotic devices; ODG, Ankle & Foot, Ankle foot orthosis.

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

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for custom fabricated foot orthosis for the left foot is medically reasonable and necessary for this patient. It is well documented that this patient does suffer with a painful left foot/heel with a diagnosis of plantar fasciitis. MTUS 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." Generally, a rigid orthotic is one that is custom made as most over the counter orthotics are not very rigid. Because this patient does have a diagnosis of plantar fasciitis, I feel that a rigid custom orthotic is medically reasonable and necessary to treat their foot pain.