

Case Number:	CM14-0136676		
Date Assigned:	09/03/2014	Date of Injury:	03/01/2013
Decision Date:	10/02/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 51 year old male with an original industrial injury on 3/1/2013. The injured body regions include the neck, bilateral shoulders, bilateral hands, bilateral wrists, and right heel. The patient has diagnoses of cervical disc degeneration, carpal tunnel syndrome, bilateral shoulder sprain, and right heel plantar fasciitis. Conservative therapy has consisted of physical therapy, pain medications, acupuncture, and a heel pad. Diagnostic work-up showed that the right Achille's tendon had calcification and a heel spur was noted on x-ray. The disputed request is for a heel pad orthotic purchase. A utilization reviewer had denied this request on the basis that there was a "lack of specific instruction on the type of insertion required." There was also another request for TENS unit trial, which was certified by the utilization review process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heel Pad Orthotic purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG ; regarding orthotic devices

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter, Orthotic Devices

Decision rationale: Section 9792. 23.7 Ankle Complaints of the California Code of Regulations, Title 8, page 7 states the following: "The Administrative Director adopts and incorporates by reference the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) into the MTUS from the ACOEM Practice Guidelines." ACOEM Chapter 14 Table 14-3 on page 370 recommends rigid orthotics as a treatment option for plantar fasciitis and metatarsalgia. The patient in this case has documentation of plantar fasciitis. An attempt to treat this pain and heel pain conservatively with an off-the-shelf heel pad has been unsuccessful. Therefore a custom orthosis is an option in this case, and especially since the patient has failed a prefabricated orthotic. This is in accordance with Official Disability Guidelines and ACOEM guidelines. Contrary to the statement of the Utilization Review, the requesting provider does not need to provide specific instructions regarding an orthosis. In fact, part of the evaluation of a certified orthotist is to customized an orthosis and determine which components are medically necessary to accommodate a patient's individual contour and pathology. The request for Heel Pad Orthotic purchase is medically necessary.