

Case Number:	CM14-0166489		
Date Assigned:	10/13/2014	Date of Injury:	09/20/2009
Decision Date:	11/24/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/09/2014

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 for this patient was 3/17/2009. On 6/2/2014 patient was evaluated for right lower extremity pain. It is noted that patient is on job duty modification which is helping her right lower extremity. She does admit to being on her feet 100% of the time at work which does cause some pain to her foot. Patient notes that the pain is at her ankle joint both medially and laterally, as well as plantar forefoot. Physical exam reveals no swelling to the right foot or ankle. There is roughly 10 of right ankle plantar flexion. Palpation to the posterior ankle causes discomfort as does palpation to the sesamoid area right side. Neurovascular status and muscle strength bilateral lower extremity is within normal limits. Significant pronation is noted upon ambulation with minimal support throughout her arch. After patient was taped to give her more arch support she noted more stability and less tenderness to the arch area. A diagnosis of sesamoid right is right side was made along with over pronation and custom functional orthotics were strongly recommended for treatment. On 9/10/2014 patient was again evaluated in noted to be roughly 20 to 30% better with the use of her orthotics that were dispensed weeks prior. It took some time to get used to the orthotics but when she did she noted that they were comfortable. Pronation appears to be controlled well with her current orthotics. Patient admits that after a long day of wearing her orthotics they become "somewhat smelly and dirty." She admits that her symptoms are worse without her orthotics and wonders when a second pair would be available to her. For this reason a second pair of orthotics was recommended by her podiatrist. Current diagnoses include plantar fasciitis, posterior tibial tendinitis, and foot strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd pair of 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 & Foot, Orthotic Devices

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, it is my feeling that the request for a second pair of orthotics is not medically reasonable or necessary for this patient at this time. This patient had received a pair of custom functional orthotics roughly one month prior to the recommendation and requested authorization for a second pair of orthotics. The second pair of orthotics was requested for the convenience of the patient as she states that one pair would become smelly and dirty therefore she would want a second pair to alternate. This reason does not appear medically reasonable or necessary and certainly seems to be for the convenience of the patient. Chapter 14 of the MTUS guidelines state that orthotics is recommended for patients who suffer with painful plantar fasciitis and or metatarsalgia. This patient does indeed have a diagnosis of plantar fasciitis and has already received one pair of orthotics. According to the patient these orthotics are helping to alleviate her foot pain. There is no guideline that comments on receiving a second pair of orthotics within a month's time. Common sense would dictate that a second pair of orthotics is not medically reasonable or necessary and recommended only for the convenience of this patient. There is no documentable medical reason as to why a second pair is required; therefore, this request is not medically necessary.