

Case Number:	CM14-0030502		
Date Assigned:	06/20/2014	Date of Injury:	02/26/2013
Decision Date:	10/02/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/11/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this male was reportedly injured on February 26, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 20, 2014, indicates that there are ongoing complaints of right knee pain, right heel pain, and low back pain. The physical examination demonstrated tenderness over the anterior aspect of the left knee and range of motion from 0 to 135. The examination of the right foot noted tenderness along the plantar fascia. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right knee ACL reconstruction, physical therapy, and oral medications. A request had been made for bilateral custom foot orthotics and was not certified in the pre-authorization process on February 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Bilateral custom foot orthotics, one pair.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Braces and orthoses for treating osteoarthritis of the knee, by Brouwer RW1, Jakma TS, Verhagen AP, Verhaar JA, Bierma-Zeinstra SM.

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, Updated July 29, 2014.

Decision rationale: According to the Official Disability Guidelines orthotic devices are recommended for the treatment of plantar fasciitis. It was stated that as part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. As such, this request for bilateral custom foot orthotics is not medically necessary.