

Case Number:	CM14-0032911		
Date Assigned:	06/20/2014	Date of Injury:	01/27/2000
Decision Date:	07/22/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	03/15/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and foot pain reportedly associated with an industrial injury of January 27, 2000. Thus far, the applicant has been treated with analgesic medications, attorney representations, transfer of care to and from various providers in various specialties and an H-Wave device. In a Utilization Review Report dated February 15, 2014, the claims administrator denied a request for orthotics, citing a lack of supporting progress notes on the part of the attending provider. The applicant's attorney subsequently appealed. A progress note dated July 15, 2013 was notable for comments that the applicant reported persistent pain about the plantar fascia and heel, progressively worsened toward the end of the day, ranging from 6-7/10. The applicant exhibited an altered gait and tenderness about the plantar fascia. Orthotics, orthopedic shoes, and an H-Wave device were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics (orthopedic shoes): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 14-3, 370.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-3, "rigid orthotics" are recommended as options in the treatment of plantar fasciitis, the diagnosis reportedly present here. The applicant was described as carrying a diagnosis of plantar fasciitis characterized by associated gait derangement and tenderness about the plantar fascia on the date in question. Introduction of and/or usage of orthotics to combat the same is indicated, appropriate, and supported by ACOEM. Therefore, the request is medically necessary.