

Case Number:	CM14-0043275		
Date Assigned:	07/02/2014	Date of Injury:	12/17/2002
Decision Date:	08/13/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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 Interventional Spine 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 patient is a 55 year old male with an injury date on 12/17/2002. Based on the 02/20/2014 progress report provided by [REDACTED], the patient complains of a very tight calf muscle with at least eight trigger points. The patient also complains of chronic pain in the tarsal tunnel, pain of the left foot at the subcalcaneal area. Cramping and tightness was noted at the plantar muscles and plantar fascia. Tightness and pain was also noted at and under the keloid at the left Achilles tendon. Positive Tinel's sign and pain was noted. There was pain in the plantar heel, plantar intrinsic muscles, and abductor hallucis muscle of the left foot and arch. The diagnosis was not provided in this report. The physician is requesting a pair of extra depth shoes. There were no other significant findings noted on this report. The utilization review denied the request on 03/05/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/23/2013 to 02/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pair of extra depth shoes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Orthotic devices.

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 Chapter, Orthotic devices.

Decision rationale: According to the 02/20/2014 report by [REDACTED] patient presents with a tight calf muscle, left foot pain at the plantar fascia and at the Achilles tendon. The physician is requesting a pair of extra depth shoes. The MTUS guidelines do not address orthotics. However, the Official Disability Guidelines do recommend orthotic device for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome). Review of the reports from 07/23/2013 to 02/14/2014 indicated plantar fascia tightness and pain along with symptoms along the tarsal tunnel and calf. Orthotic devices such as shoe inserts may be appropriate but extra depth shoes are not supported. Official Disability Guidelines states that the item must be used solely for medical purposes. Therefore, this request is not medically necessary.