

Case Number:	CM14-0045777		
Date Assigned:	07/02/2014	Date of Injury:	07/07/1998
Decision Date:	08/22/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 57-year-old male who reported an injury on 07/07/1998. Prior treatments included foot surgery. The medications were not provided. Other therapies were not provided. The injured worker underwent an MRI of the left foot on 04/11/2013 which revealed postoperative changes at the posterior inferior calcaneus with diffuse low signal thickening of the proximal plantar fascia compatible with chronic plantar fasciitis and scarring. There was no evidence of a focal plantar fascial mass or disruption. Prior treatments included medications, steroid injections, casts and boots, and was noted to be wearing aircasts almost around the clock. The documentation of 03/19/2014 revealed the injured worker had constant pain in his foot. The physical examination revealed the injured worker indicated had some swelling around the ankles, especially on the left side. On dorsiflexion of his forefoot and toes there was a significant fibrous band noted from the calcaneus to the middle of the metatarsals on the medial side bilaterally. This was noted to be extremely tender and the examination caused hypersensitivity. There was noted to be no evidence of allodynia or hyperalgesia. The diagnoses included plantar fascial fibromatosis, tarsal tunnel syndrome, CRPS type 2 lower extremity, other enthesopathy of the ankle and tarsus, and unspecified enthesopathy of the ankle and tarsus. The documentation indicated the injured worker bought new over-the-counter orthotic shoes by [REDACTED] and wore an in-shoe gel foam insert in the form of an arch support and noted these helped. However, he brought them 3 weeks prior to the examination and they were noted to be wearing out on the lateral aspects. The injured worker noted with shoes he could perform increased activity but still spend a considerable amount of time on the couch or the bed. The treatment plan included [REDACTED] orthotic shoes every 2 or 3 months depending how quickly they wore out.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotic Shoes size 11 every two to three months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Orthotic Devices.

Decision rationale: The Official Disability Guidelines recommend orthotic devices for plantar fasciitis. It was noted the injured worker had undergone steroid injections for the plantar fasciitis. The injured worker's diagnoses included chronic fasciitis per the MRI report. The injured worker was noted to have trialed shoes and they were noted to provide functional benefit. This request would be supported. However, the request as submitted was for orthotic shoes every 2 to 3 months with a lack of duration being noted. Given the above and the lack of duration, the request for orthotic shoes, size 11, every 2 or 3 months, is not medically necessary.