

Case Number:	CM14-0046915		
Date Assigned:	07/02/2014	Date of Injury:	11/15/2007
Decision Date:	09/22/2014	UR Denial Date:	03/26/2014
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 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 is noted to be 11/15/2007. It was noted that patient had cumulative trauma to the right foot. In 2007 patient was diagnosed with plantar fasciitis, posterior tibial tendinitis, Pes planus, and foot pain. Patient was treated with oral anti-inflammatory medication, topical anti-inflammatory medication, and orthotics. Over the next many years patient responded well to orthotic therapy. A physical exam of patients foot in February of 2011 reveals total collapse of medial longitudinal arch on weight-bearing, with pain upon palpation to the posterior tibial tendon at the level of the navicular tuberosity. Diagnoses that day included posterior tibial tendinitis, Pes planus foot structure, abnormal pronation. On May 7, 2013 patient was again evaluated for a right foot. Diagnoses that day included tibialis tendinitis, pes planus, congenital, other acquired deformities of the ankle and foot, pain in limb. Orthotics were recommended that day. July 9, 2013 patient was fitted with her custom orthotics and they were dispensed. Patient was seen on March 18, 2014 stating their right foot pain is back. Her custom orthotics are apparently not controlling her foot anymore and have becoming, according to the podiatrist, disheveled. Diagnoses this day include posterior tibial tendon dysfunction, pes planus, abnormal pronation, foot pain. New custom orthotics were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Molded Foot Orthotics QTY: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 for this case, the decision for custom molded foot orthotics, quantity 2.00 is not medically reasonable or necessary for this patient at this time. According to the MTUS guidelines, rigid custom orthotics may be utilized for patients who suffer with plantar fasciitis and or metatarsalgia. This patient does not have either of these diagnoses therefore does not meet MTUS guidelines for custom rigid orthotics. The request is not medically necessary.