

Case Number:	CM14-0047588		
Date Assigned:	06/25/2014	Date of Injury:	10/05/2010
Decision Date:	07/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/31/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old female with a 10/5/10 date of injury. At the time (1/7/14) of the request for authorization for extra depth shoes, there is documentation of subjective (plantar heel pain and plantar fasciitis bilateral, worse on the left) and objective (palpation of the left foot and ankle reveals pain in the area of the superficial peroneal nerve, at the anterolateral ankle, in the peroneal tendons under the fibular malleolus, in the ball of the left foot) findings, current diagnoses (bilateral plantar heel and plantar facial pain, with bilateral Achilles insertional tendonitis), and treatment to date (medication and extra depth shoes that are starting to wear off with excessive lateral wear).

IMR ISSUES, DECISIONS AND RATIONALES

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

Extra Depth Shoes.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic devices.

Decision rationale: MTUS reference to ACOEM Guidelines supports a splint or surgical shoe if needed for forefoot sprain; wide shoes for neuroma; soft, wide shoes for hallux valgus; soft, supportive shoes for plantar fasciitis; and air sole shoes for heel spur. ODG identifies documentation of plantar fasciitis or foot pain in rheumatoid arthritis, as criteria necessary to support the medical necessity of orthotic devices. Within the medical information available for review, there is documentation of diagnoses of bilateral plantar heel and plantar facial pain, with bilateral Achilles insertional tendonitis. In addition, there is documentation of plantar fasciitis and the current extra depth shoes are starting to wear off with excessive lateral wear. Therefore, based on guidelines and a review of the evidence, the request for extra depth shoes is medically necessary.