

Case Number:	CM14-0082809		
Date Assigned:	07/21/2014	Date of Injury:	07/10/2013
Decision Date:	09/17/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/04/2014

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 & Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 31 year-old male who reported an injury on 07/10/2013 and the mechanism of injury was not indicated within the medical records. Diagnoses included right heel contusion, right heel exostosis, Plantar Fasciitis, and Planovalgus deformity. Prior treatments included a cortisone injection on 01/15/2014, and three sessions of physical therapy. There were no diagnostic studies or surgeries provided for review. The clinical note dated 05/07/2014 noted the injured worker complained of intermittent right heel/foot and arch pain. The physical examination findings included, in the standing position the arch of the foot was less than the left side. There was slight pes planovalgus deformity of the right foot. There was also tenderness along the plantar fascia of the right foot. There were no medications listed for review. The physician's treatment plan was for custom molded orthotic with medial longitudinal arch support and semi-rigid /soft heel. The rationale for the request was not given. The request for authorization form was submitted for review and signed on 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom molded orthotics with medial arch support and soft heel cushion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Official Disability Guidelines, Orthotic devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic devices.

Decision rationale: The request for custom molded orthotics with medial arch support and soft heel cushion is not medically necessary. The physical examination findings included, in the standing position the arch of the foot was less than the left side. There was slight pes planovalgus deformity of the right foot. There was also tenderness along the plantar fascia of the right foot. The California MTUS/ACOEM guidelines state rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The Official Disability Guidelines recommend, both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day.) As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. There is no documentation that the injured worker has participated in a stretching program, nor employed the use of heel pads. Additionally, the guidelines state heel pads are associated with better outcomes than custom made orthotics. As such, the request is not medically necessary.