MAXIMUS Federal Services

Case Number:	CM14-0097471		
Date Assigned:	09/16/2014	Date of Injury:	07/28/2008
Decision Date:	11/10/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/06/2014

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 Family Medicine 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:

This 66-year old clerk sustained injuries to her lower extremities on 7/28/08. There is no description of the mechanism of injury in the available records. Current diagnoses include plantar fasciitis, posterior tibial tendonitis and L knee osteoarthritis. Current medications include Vicodin, Voltaren, Norflex, Prilosec and Neurontin. She is status post a surgical repair of the right ankle anterior talofibular ligament and calcaneofibular ligament. A progress note from the primary treater dated 12/12/13 documents that the patient complains of R ankle pain and stiffness. She is using orthotics, which she finds to be beneficial, and which is worn. Physical findings include a well-healed surgical scar, tenderness of the anterior joint and peroneus muscles, and limited range of motion. Medication refills were dispensed and a urine drug screen collected. Replacement orthotics was requested, with the rationale that they are needed to maintain normal gait, improve overall ankle/foot biometrics, and for support and stability.The records contain a prescription for "bill foot orthotics" dated 1/14/14 which is signed by another physician from the primary treater's office. According to the UR report from 5/2/14, a concurrent request was made for foot insert, foot metatarsal support, heel lift elevation, shoe sole wedge, metatarsal bar wedge and heel spur pad, and it was unclear if this was a duplicate request with more specificity, or if it was a request for a different set of foot orthotics. This issue has apparently still not been addressed by the provider. The records available to me do not contain the request itself. The next progress report from the primary provider is dated 5/514. The subjective and objective findings all involve the patient's left knee, which had become more symptomatic three weeks before the visit. No foot or ankle complaints or findings are documented. Authorization for replacement of the patient's foot orthotics is again requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Foot Orthotics (Not Specified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370 371 376. Decision based on Non-MTUS Citation Ankle and Foot chapter, orthotic devices

Decision rationale: According to the ACOEM references cited above several devices, including rigid orthotics, may be helpful for plantar fasciitis or metatarsalgia. Rigid orthotics may reduce pain during walking and decrease global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. However, the guidelines recommend against prolonged supports or bracing without exercise due to the risk of debilitation.The ODG Guidelines state that both prefabricated and custom orthotic devices are recommended for heel pain. For initial treatment of plantar fasciitis, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom orthotic when combined with a stretching program. Foot orthosis (both prefabricated and custom) produce small short-term benefits in function and may also produce small reductions in pain for people with plantar fasciitis but they do not have long-term beneficial effects when compared to a sham device. The documented clinical findings in this case do not support the ongoing use of orthotics. It is not clear what condition they are prescribed for. The most recent documented exam of the foot and ankle notes decreased ankle range of motion, and tender anterior ankle and peroneus muscle. The note does not make clear whether or not the patient has ongoing signs and symptoms of plantar fasciitis. The rationale given for orthotic prescription includes maintaining normal gait, but there is no gait evaluation with and without orthotics. The other rationales given include to improve ankle and foot biometrics, and for support and stability. It is unclear what biometrics are worsened by not wearing orthotics, and what symptoms occur when biometrics are not optimal. Since the documented symptoms and signs include ankle stiffness and decreased range of motion, it seems at least possible that a program of stretching would be more beneficial that a rigid orthotic which provided support and stability. The specific type of orthotics requested is not made clear, and there is remaining confusion about the concurrent request for several specific orthotic devices, and whether the two requests are distinct. This patient has been wearing orthotics for a prolonged period, and apparently remains totally disabled. The references above make it clear that orthotics do no provide long-term benefit and that long-term use without exercise may in fact be harmful.According to the evidence-based citations above and the clinical information provided to me, because the requesting provider has not provided sufficient information to determine exactly, what type of orthotic is requested, for what conditions the orthotics are requested, and because long-term use of orthotics has not been shown to be beneficial and may in fact be harmful in the absence of exercise, the bilateral foot orthotics are not medically necessary.