

Case Number:	CM14-0176584		
Date Assigned:	10/29/2014	Date of Injury:	10/01/2013
Decision Date:	01/07/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/24/2014

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 for this patient was 10/1/2013. Patient injured their right foot due to repetitive trauma. On 10/3/2014 patient was seen for right foot pain. Prior treatment included oral cortisone which alleviated pain for roughly one month. Patient is on his feet a great deal for work. After a vacation from work his foot pain reduced but then increased upon returning to work. Patient also underwent local steroid injections to the right heel. This alleviated pain for a short time. Gait analysis reveals that patient walks with a limp, favoring his right foot. Pain upon palpation to the origin of the plantar fascia right side is noted. Great toe extension causes pain plantarly right side. The treating physician feels that patient would benefit from a Plastazote heel shoe insert, a night splint, and a fracture walking boot. On 10/3/2014 a request for authorization form was placed for this patient, noting a diagnosis of plantar fasciitis right side. A request for a Plastazote heel shoe insert was made, as well as a plantar fascia night splint and fracture walking boot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fracture boot for immobilization of the right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for a fracture boot for a mobilization of the right foot is not medically reasonable or necessary according to the guidelines for this patient at this time. The MTUS guidelines, state that the treatment for plantar fasciitis includes rigid orthotics, soft supportive shoes, heel donut, and possibly a plantar fascia night splint. There is no mention in these guidelines about immobilizing the foot in a fracture walker. In fact, the guidelines go on to say that minimal immobilization is best, with early range of motion for painful feet.

Plastazote hell shoe insert, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for a Plastazote heel shoe insert is not medically reasonable or necessary according to the guidelines for this patient at this time. The MTUS guidelines state that the treatment for plantar fasciitis includes rigid orthotics, soft supportive shoes, heel donut, and possibly a plantar fascia night splint. There is no mention in these guidelines about utilizing a soft insole (Plastazote insole) for plantar fasciitis treatment. In fact, the guidelines advise of a rigid or functional orthotic to treat plantar fasciitis. Therefore, the request is not medically necessary.