

Case Number:	CM14-0195194		
Date Assigned:	12/02/2014	Date of Injury:	08/12/2014
Decision Date:	01/14/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 51 year old female with a work injury dated 8/29/14. There is a diagnosis of lumbosacral sprain, plantar fasciitis. There is a request for durable medical equipment: custom orthotics for the left foot. There is a document dated 8/29/14 that states that the patient has left heel pain. She has tenderness on exam to the plantar anterior surface of her calcaneus. The x-ray of the left foot shows a bone spur anterior to the calcaneus. There is a request for a night splint and modified work restrictions as well as anti-inflammatory. Subsequent documentation indicates that the patient reports continued pain to plantar anterior surface of the left heel. She has been using the dorsal night splint and taking naproxen as directed. She feels as though that night splint is helpful, but she continues to have pain to her heel when she takes her first step.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment: Custom Orthotics for the left foot: 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): 369-370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot- Orthotic devices

Decision rationale: Durable medical equipment: Custom Orthotics for the left foot is not medically necessary per the ODG and MTUS Guidelines. The ODG states that orthosis 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 orthosis in people who stand for more than eight hours per day. The MTUS ACOEM guidelines recommend a heel donut, soft supportive shoes and rigid orthotics for plantar fasciitis. The MTUS also states that instruction in proper exercise technique is important, and instruction by a physical therapist can educate the patient about an effective exercise program. The documentation is not clear whether the patient is performing home stretching exercises or has tried a heel pad prior to requesting custom orthotics. Additionally the request does not specify a quantity of orthotics. The request for custom orthotics left foot is not medically necessary.