

Case Number:	CM14-0198901		
Date Assigned:	12/09/2014	Date of Injury:	02/24/2012
Decision Date:	01/21/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/26/2014

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:

The injured worker is a 35-year old female who reported bilateral foot pain on 02/24/2012 while assisting patients with transfers at a hospital where she worked as a RN. X-rays and a bone scan were performed on 03/01/2012 which was negative. MRI on 05/17/2013 showed no evidence of a plantar plate tear. Diagnosis is metatarsalgia, bilaterally, bilateral plantar fasciitis, depression and obesity. Treatment included cortisone injections, oral pain medication, and 6 sessions of physical therapy, neurological examinations, and platelet rich plasma injection therapy. The request is additional 9 sessions of physical therapy and over the counter (OTC) jogging shoes and accommodative insoles which a UR decision dated 11/19/2014 denied. Regarding the additional 9 sessions of physical therapy 6 visits of 4 weeks is recommended for the diagnosis of plantar fasciitis which the injured worker had already received. ODG guidelines were utilized in this decision. Regarding the over the counter (OTC) jogging shoes and accommodative insoles was not medically necessary because most orthotics can fit in OTC shoes that the injured worker already most likely has. There was not a clear guideline noted for this recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

OTC Jogging shoes, Accommodative Insoles times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 MTUS guidelines for this case, it is my feeling that the requested OTC jogging shoes and accommodative insoles x 2 are not medically reasonable or necessary for this patient at this time. The enclosed documentation and progress notes advise that this patient already has orthotics. The MTUS guidelines state that orthotics may be used for patients suffering with pain from plantar fasciitis and or metatarsalgia (chpt 14, pg 370-371). The guidelines are quiet on the recommendation of additional insoles for patients and or OTC jogging shoes. The progress notes have not established a reason as to why patient would need a second pair of insoles/orthotics, or a pair of OTC jogging shoes. While the guidelines do suggest specialize shoe gear for certain pathologies, none have been established for this patient. Therefore, OTC Jogging shoes, Accommodative Insoles times 2 is not medically necessary.

Physical Therapy times 9 visits bilateral 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ankle and foot, treatment

Decision rationale: After careful review of the enclosed information and the pertinent ODG guidelines for this case, it is my feeling that the decision for physical therapy x 9 visits bilateral foot is not medically reasonable or necessary according to the guidelines for this patient at this time. ODG guidelines state that physical therapy is recommended for patients who suffer with painful plantar fasciitis. Specifically the guidelines recommend 6 visits over 4 weeks as a treatment regime. The progress notes advise that this patient has already undergone 6 physical therapy treatments over 4 weeks. The progress notes do not established continued physical therapy necessity. Therefore, Physical Therapy times 9 visits bilateral foot is not medically necessary.