MAXIMUS Federal Services

Case Number:	CM15-0164810		
Date Assigned:	09/02/2015	Date of Injury:	10/14/2014
Decision Date:	10/05/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina
Certification(s)/Specialty: Family Practice

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 63 year old male who sustained an industrial injury on 10-14-14. Initial complaints and diagnoses are not available. Treatments to date include multiple orthotics and inserts. Diagnostic studies include x-rays and MRIs of the feet. Current complaints include bilateral foot discomfort. Current diagnoses include plantar fasciitis, tendonitis, plantar flexed pronation, and equinus. In a progress note dated 08-02-15 the treating provider reports the plan of care as custom orthotics and night splints. The requested treatments include custom orthotics and suspension casting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional orthotics - right & left (pair): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 367-377. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

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

Decision rationale: The ACOEM chapter on foot and ankle complaints states: 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 patient has documented symptomatic plantar fasciitis. Therefore, the request is medically necessary.

Suspension casting (right & left) (pair): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 367-377. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

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

Decision rationale: The ACOEM chapter on foot and ankle complaints in Table 14-3 states: Casting or immobilization is not recommended. The ODG also does not recommended casting or immobilization except in sever joint instability. The documentation does not show this instability on exam and therefore the request is not medically necessary.