

Case Number:	CM15-0195437		
Date Assigned:	10/09/2015	Date of Injury:	03/11/2013
Decision Date:	11/20/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 3-11-13. The injured worker is being treated for cervical spine s-rain-strain, lumbar spine sprain-strain, right and left shoulder impingement syndrome, thoracic spine sprain-strain and bilateral plantar fasciitis. (EMG) Electromyogram-(NCV) Nerve Condition Velocity studies of lower extremities were performed on 8-27-15. Treatment to date has included oral medications including Nabumetone 750mg and Pantoprazole 20mg and activity modifications. 8-27-15, the injured worker reports she had (EMG) Electromyogram-(NCV) Nerve Condition Velocity of lower extremities previous week. She is totally temporarily disabled. Physical exam performed on 8-27-15 revealed cervical spine tenderness with painful range of motion, lumbar spine tenderness with painful, limited range of motion, painful limited range of motion of shoulder and pain and tenderness in the plantar fascia consistent with plantar fasciitis. The treatment plan included consultation with orthopedic surgeon, consultation with pain management, psychiatric consultation, recommendation for rigid orthotics and follow up appointment. On 9-14-15 request for custom rigid orthotics was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Rigid Orthotics: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter under Orthotics.

Decision rationale: The current request is for custom rigid orthotics. Treatment to date has included oral medications including Nabumetone 750mg and Pantoprazole 20mg, physical therapy and activity modifications. The patient is totally temporarily disabled. MTUS/ACOEM chapter 14, Ankle and Foot Complaints, Physical methods, page 370, Table 14- 3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG-TWC, Ankle and Foot Chapter under Orthotics states: "both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). 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 orthoses and people who stand for more than 8 hours per day." Per report 08/27/15, the patient presents with cervical spine tenderness with painful range of motion, lumbar spine tenderness with painful range of motion, and pain and tenderness in the plantar fascia consistent with plantar fasciitis. The treater recommended a custom rigid orthotic. ACOEM and ODG Guidelines support orthotics for plantar fasciitis and plantar heel pain. There is no indication that the patient has tried orthotics in the past. Therefore, the request is medically necessary.