

Case Number:	CM15-0202774		
Date Assigned:	10/19/2015	Date of Injury:	05/01/2002
Decision Date:	12/03/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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: Emergency Medicine

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 77 year old male, who sustained an industrial injury on 5-1-2002. The injured worker was being treated for plantar fasciitis, tendonitis, and arthritis. Medical records (9-10-2015) indicate ongoing bilateral foot and ankle pain. The treating physician noted that the injured worker has been receiving occasional ankle injections by another provider. The treating physician noted the injections were effective for 3 months, but was otherwise not specific. The treating physician also noted that the injured worker had been recommend by an orthopedic surgeon a fusion of the entire foot bilaterally for extremely flat feet. The physical exam (9-10-2015) reveals a prominent left foot navicular with a callous and extreme rigid forefoot varus bilaterally. There is a severely abducted gait and very apropulsive. There is pain at the sinus tarsi, peroneal tendons, and plantar fascia bilaterally. There is inability to stand on tiptoes even with assistance. The treating physician noted that the injured worker's "custom orthotics are more than 10 years old, with duct tape to make a cover" and his shoes are "completely worn out with no traction." Per the treating physician (9-10-2015 report), imaging revealed decreased calcaneal inclination, arthritic subtalar joint, medial displacement of the talar body, joint space narrowing at the ankle, and dramatically negative Meary's angle bilaterally. Treatment has included ankle injections and medications including Ibuprofen, Limbrel, and Voltaren 1% gel. Per the treating physician (9-10-2015 report), the injured worker is retired. On 9-17-2015, the requested treatments included a pair of extra depth shoes, a Richie brace, and series of 3 injections for the bilateral ankles. On 9-24-2015, the original utilization review non-certified requests for a pair of extra depth shoes, a Richie brace, and series of 3 injections for the bilateral ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extra depth shoes Qty 1 pair: 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 & Foot http://www.aetna.com/cpb/medical/data/400_499/0451.html.

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: Orthotic devices.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic only general recommendations concerning orthotics. As per Official Disability Guidelines orthotic devices may be indicated for patients with plantar fasciitis. However, ODG recommends shoes inserts as 1st line before considering orthotics or custom shoes. There is no documentation that patient has failed basic shoe inserts. Therefore the request is not medically necessary.

Richie brace Qty 1: 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 & Foot.

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

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. There is only basic information concerning ankle bracing but not Richie brace. As per Official Disability Guidelines, Richie Not recommended in the absence of a clearly unstable joint. There are no quality published studies specific to the Richie Brace. There is no documentation of any joint instability. Therefore the request is not medically necessary.

Series of injections bilateral ankles Qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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: Injections (corticosteroid).

Decision rationale: As per MTUS Chronic pain guidelines, Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. Official Disability Guidelines were reviewed for details and criteria. Injections for anything beyond heel injection is not recommended. Even heel injection for plantar fasciitis has little evidence to support benefit. Patient does fails criteria for recommendation. Patient has had reported prior injections with no detailed documentation of length and level of benefit from prior injections. Without that information, additional injections cannot be approved. Therefore the request is not medically necessary.