MAXIMUS Federal Services

Case Number:	CM15-0022629		
Date Assigned:	02/12/2015	Date of Injury:	07/23/2013
Decision Date:	03/25/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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: New York
Certification(s)/Specialty: Podiatrist

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 61-year-old male who sustained an industrial injury on 7/23/13. The injured worker reported symptoms in the lower extremities and lumbar area. The diagnoses included Pes planus deformity. Treatments to date were not noted in the provided documentation. In a progress note dated 2/24/15 the treating provider reports the injured worker was with pain noted upon palpation of bilateral lower extremities as well as a noted limp. On 1/23/15 Utilization Review non-certified the request for podiatry follow up visit one time a week for four weeks, cast supplies for right and left lower extremities, custom made functional orthotics and orthotic training. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Podiatry follow up visit 1 time a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 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 podiatry follow up visits are not medically reasonable or necessary for this patient according to the guidelines. It is well documented in a note from the podiatrist dated 2-24-2015 that the orthotics are recommended for this patient "in order to correct altered biomechanics which is causing pain in the lower extremity." Chapter 14 of the MTUS guidelines states that: 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. This patient does not have a diagnosis of plantar fasciitis or metatarsalgia. In fact it appears that the orthotics are being made for back pain, which is not recommended. Because the orthotics are not recommended, the podiatry follow up visits cannot be recommended.

Cast supplies for right and left lower extremities: 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): 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 cast supplies for right and left lower extremities are not medically reasonable or necessary for this patient according to the guidelines. It is well documented in a note from the podiatrist dated 2-24-2015 that the orthotics are recommended for this patient "in order to correct altered biomechanics which is causing pain in the lower extremity." Chapter 14 of the MTUS guidelines states that: 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. This patient does not have a diagnosis of plantar fasciitis or metatarsalgia. In fact it appears that the orthotics are being made for back pain, which is not recommended. Because the orthotics are not recommended, the cast supplies for the orthotics cannot be recommended.

Custom made functional orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Shoe Insoles/Shoe Lifts and Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 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 custom made functional orthotics are not medically reasonable or necessary for this patient according to the guidelines. It is well documented in a note from the podiatrist dated 2-24-2015 that the orthotics are recommended for this patient "in order to correct altered biomechanics which is causing pain in the lower extremity." Chapter 14 of the MTUS guidelines states that: 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. This patient does not have a diagnosis of plantar fasciitis or metatarsalgia. In fact it appears that the orthotics are being made for back pain, which is not recommended.

Orthotic training: 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): 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 orthotics training is not medically reasonable or necessary for this patient according to the guidelines. It is well documented in a note from the podiatrist dated 2-24-2015 that the orthotics are recommended for this patient "in order to correct altered biomechanics which is causing pain in the lower extremity." Chapter 14 of the MTUS guidelines states that: 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. This patient does not have a diagnosis of plantar fasciitis or metatarsalgia. In fact it appears that the orthotics are being made for back pain, which is not recommended. Because the orthotics are not recommended, the orthotic training cannot be recommended.