

Case Number:	CM15-0029765		
Date Assigned:	02/23/2015	Date of Injury:	10/29/2011
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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 41 year old male who sustained an industrial injury on 10/29/11. The injured worker reported symptoms in the left lower extremity. The diagnoses included left subtalar arthritis. Treatments to date include orthotics, activity modification, non-steroidal anti-inflammatory drugs, and muscle relaxants. In a progress note dated 1/28/15 the treating provider reports the injured worker was with tenderness of the sinus tarsi. Prominence of peroneal tendons. On 2/10/15 Utilization Review non-certified the request for custom orthotics for the left foot. 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:

Custom orthotics for the left foot: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Ankle & Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Ankle and foot chapter regarding orthotic devices.

Decision rationale: The patient presents with ongoing pain in his left hind foot area. The current request is for CUSTOM ORTHOTICS FOR THE LEFT FOOT. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under ankle and foot chapter regarding orthotic devices states that it is recommended for plantar fasciitis and forefoot pain in rheumatoid arthritis. ODG also states, "Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciitis, and 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 Orthosis in people who stand for more than eight hours per day." This patient is pending left subtalar fusion. The Utilization review denied the request stating that "if the individual undergoes the requested surgery, this custom orthotic will likely not fit." The patient has report that his previous orthotic has worn out and the orthotics was the only treatment providing any relief of pain and improving gait. The treating physician states that the orthotic is for the patient's plantar fasciitis pain. The patient meets the indication set forth by ODG for orthotics. This request IS medically necessary.