

Case Number:	CM15-0215003		
Date Assigned:	11/04/2015	Date of Injury:	10/21/2014
Decision Date:	12/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/02/2015

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 56 year old male, who sustained an industrial injury on 10-21-14. Current diagnoses or physician impression includes left foot industrial injury with persistent pain, mid-foot pain and plantar fascia strain with resultant plantar fasciitis. His work status is modified duty; permanent and stationary. Notes dated 7-22-15 and 8-25-15 reveals the injured worker presented with complaints of constant left foot pain described as burning, sharp and achy and rated at 1-10 out of 10. The pain is accompanied by swelling, tenderness and fatigue. He reports pain and tightness in his mid-foot, as well as his heel, which is described as knitting needles. Physical examination dated 7-22-15 and 8-25-15 revealed pain with pronation and supination and pain in the lateral and medial aspect of the foot plantarly. There is tenderness along the entire plantar aspect of the left foot, in particular along the bottom of the left heel. Sensation is intact to light touch and there is no gross instability of the metatarsophalangeal joint and through the mid-foot. "Palpation reveals intact plantar fascia. Pain at the origin. Non-tender Achilles tendon." The injured worker is full weight bearing. Treatment to date has included home exercise program, physical therapy, medication and foot orthotics. Diagnostic studies include left foot MRI. A request for authorization dated 9-28-15 for a second pair of bilateral custom orthotics is denied, per Utilization Review letter dated 10-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second pair of bilateral custom orthotics: Upheld

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

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 & Foot (Acute & Chronic)(updated 03/26/14) Heel pads.

Decision rationale: The requested Second pair of bilateral custom orthotics, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 14, Ankle and Foot Complaints, Physical Methods, Page 371; and Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), (updated 03/26/14) Heel pads; recommend orthotics and inserts for metatarsalgia or plantar fasciitis, but not for Achilles tendonitis. The injured worker has pain and tightness in his mid-foot, as well as his heel, which is described as knitting needles. Physical examination dated 7-22-15 and 8-25-15 revealed pain with pronation and supination and pain in the lateral and medial aspect of the foot plantarly. There is tenderness along the entire plantar aspect of the left foot, in particular along the bottom of the left heel. Sensation is intact to light touch and there is no gross instability of the metatarsophalangeal joint and through the mid-foot. "Palpation reveals intact plantar fascia. Pain at the origin. Non-tender Achilles tendon." The treating physician has not documented objective evidence of functional improvement from previous use of orthotics nor the medical necessity for an additional pair of orthotics. The criteria noted above not having been met, second pair of bilateral custom orthotics is not medically necessary.