

Case Number:	CM15-0217778		
Date Assigned:	11/09/2015	Date of Injury:	04/28/2006
Decision Date:	12/28/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/05/2015

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 50 year old female who sustained an industrial injury on 4-28-06. A review of the medical records indicates she is undergoing treatment for plantar fasciitis of the right foot, right acquired knee deformity, persistent low back pain with radiation to the neck, osteoarthritis, medial and lateral meniscal tear, ACL tear of the right knee and left knee pain from overuse, chronic right ankle pain history of right ankle fracture x-ray showing degeneration of the ankle joint, left posterior shoulder pain, status post right ankle surgery on 11- 23-09, and depression and anxiety due to her chronic pain. Medical records (8-10-15, 9-8-15, 10-6-15, and 10-9-15) indicate complaints of progressively worsening right ankle pain "over the last 2 months" (8-10-15). She has also complained of low back, left shoulder, and knee pain. She has rated her pain "10 out of 10" without medications and "5-6 out of 10" with medications. The 10-9-15 podiatry record indicates that she is "unable to put weight on" her right foot and describes the pain as "sharp, burning, and throbbing". The podiatry exam (10-9-15) reveals palpable pulses and the feet are warm to touch. Motor and sensory functions are noted to be "grossly within normal limits to bilateral feet and ankles". "Normal" range of motion is noted of the feet bilaterally. Tenderness to palpation of the medial tubercle of the calcaneal tuberosity is noted in the right foot. The treating provider indicates that the right leg at the level of the knee "notes angulation abnormality". An "abnormal" gait is noted. Ankle range of motion is noted to be "0 degrees of ankle joint dorsiflexion with knees extended and 5 degrees with knees flexed". Muscle strength is noted to be "5 out of 5" bilaterally. Diagnostic studies have included x-rays of the right ankle, showing degeneration of the ankle joint. Treatment has included acupuncture

and Lidoderm patches. She is not working. Treatment recommendations include biomechanically correct, functional foot orthosis to maintain proper biomechanical control throughout the gait cycle and long term management of the foot, as well as no barefoot walking, arched sandals, ice massages at night, and foot stretching. The utilization review (10-26-15) includes a request for authorization of custom made orthotics for bilateral feet. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom made orthotics for bilateral feet X 2, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Ankle foot orthosis (AFO).

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter under Orthotic devices.

Decision rationale: Based on the 10/9/15 progress report provided by the treating physician, this patient presents with sharp, burning, throbbing right foot pn that began flaring up 2 months ago. The treater has asked for CUSTOM MADE ORTHOTICS FOR BILATERAL FEET X 2, PURCHASE on 10/9/15. The request for authorization was not included in provided reports. The patient also has ongoing low back, left shoulder, and right knee pain per 9/8/15 report. The patient is not taking oral medications and is using Lidoderm patches on the knee, shoulder, and back per 9/8/15 report. The patient has had pain in right foot since 2006 and is unable to put weight on the right foot per 10/9/15 report. The patient's right heel pain is worse with first steps out of bed in the mornings and standing after sitting for a prolonged period of time per 10/9/15 report. The patient has a history of right ankle fracture and is s/p unspecified right ankle surgery from 11/23/09 according to 9/8/15 report. The patient is currently not working per 9/8/15 report. 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 Orthotic devices Section states: Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. 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 progress report dated 10/9/15, the treater states: recommend biomechanically correct, functional foot orthosis to maintain proper biomechanical control throughout the gait cycle and long term management of the foot. Utilization review letter dated 10/26/15 denies request as the rationale for a custom-made orthotics over an OTC orthosis was not noted, and also due to lack of documentation of bilateral foot pain. The patient has a diagnosis of plantar fasciitis of right foot, and ACOEM and ODG guidelines support orthotics for this type of condition. However, there is no documentation of pain in the left foot, and the diagnosis is specifically for plantar fasciitis of the right foot. The treater does not discuss why bilateral orthosis would be necessary when there is documentation of plantar fasciitis in the right foot only. Therefore, the request IS NOT medically necessary.