

Case Number:	CM15-0223308		
Date Assigned:	11/19/2015	Date of Injury:	06/20/2015
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65-year-old female sustained an industrial injury on 6-20-15. Documentation indicated that the injured worker was receiving treatment for right calcaneal bursitis and right foot plantar fasciitis. Previous treatment included physical therapy right ankle x-rays (6-29-15) showed a Haglund deformity and small ossific fragment in the posterior soft tissue of the ankle - query avulsion injury from Haglund deformity with partial Achilles tendon tear. In a podiatry evaluation dated 10-15-15, the injured worker complained of right heel pain that sometimes caused her to limp and miss work. Physical exam was remarkable for right ankle with tenderness to palpation to the medial calcaneal tuberosity with "minor" discomfort to deep palpation to the retro calcaneal space and intact muscle tone with the exception of 8 out of 10 ankle joint dorsiflexion. The injured worker demonstrated a "reasonably normal" heel to toe gait with some "mild" guarding and shortened stance on the right. The physician recommended home therapy with exercises and one pair functional orthotics and suspension casting. On 11-2-15, Utilization Review non-certified a request for one pair functional orthotics and one pair suspension casting.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pair functional orthotics: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Orthotic devices.

Decision rationale: The claimant sustained a work injury in June 2015 when she stepped backwards into a small hole and felt a sharp pain in her right heel as if she were stepping on a rock. She is also being actively treated for another work-related injury involving left knee, which occurred in March 2013 for which a left knee replacement is being recommended. An x-ray in June 2015 showed findings of spurring at the insertion of the plantar fascia and a larger intratendinous spur at the distal Achilles insertion, with suspected retrocalcaneal bursitis, and a Haglund deformity. For the injury in June 2015, she received physical therapy and medications. She completed 6 physical therapy treatments as of 08/05/15. When seen in October 2015, she was having heel and plantar arch pain. Physical examination findings included primary discomfort and tenderness distal to the medial calcaneal tuberosity with mild guarding and a shortened stance on the right side when ambulating. The claimant's body mass index is nearly 39. Additional home treatments were recommended. Being requested are bilateral functional orthotics with casting. The claimant works as a store manager. An orthotic can be recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods and stretching exercises and heel pads are associated with better outcomes than custom made or those in people who stand for more than eight hours per day. Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems. In this case, a right heel pad would be appropriate with consideration of an orthotic if needed. Bilateral orthotics would not be recommended. There for, the requested functional orthoses and castings for these is not considered medically necessary.

One (1) pair suspension casting: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Orthotic devices.

Decision rationale: The claimant sustained a work injury in June 2015 when she stepped backwards into a small hole and felt a sharp pain in her right heel as if she were stepping on a rock. She is also being actively treated for another work-related injury involving left knee, which occurred in March 2013 for which a left knee replacement is being recommended. An x-ray in June 2015 showed findings of spurring at the insertion of the plantar fascia and a larger intratendinous spur at the distal Achilles insertion, with suspected retrocalcaneal bursitis, and a Haglund deformity. For the injury in June 2015, she received physical therapy and medications. She completed 6 physical therapy treatments as of 08/05/15. When seen in October 2015, she was having heel and plantar arch pain. Physical examination findings included primary discomfort and tenderness distal to the medial calcaneal tuberosity with mild guarding and a shortened stance on the right side when ambulating. The claimant's body mass index is nearly 39. Additional home treatments were recommended. Being requested are bilateral functional orthotics with casting. The claimant works as a store manager. An orthotic can be recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom

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