MAXIMUS Federal Services

Case Number:	CM15-0035982		
Date Assigned:	03/04/2015	Date of Injury:	07/09/2004
Decision Date:	04/14/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/25/2015

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, Hawaii
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 61 year old female, who sustained an industrial injury on 7/9/04. The documentation date 2/23/15 noted that the injured worker has complaints of bilateral lower extremity pain. The documentation noted that regarding wear of the prescription foot orthosis, the injured worker advises she has been semi-compliant and she states she has difficulty tolerating same. The diagnoses have included tarsal tunnel syndrome at the right foot, sub flexor retinaculum at the posterior tibial neurovascular bundle and Abductor hallucis (MPN), Flexor digitorum brevis (MPN) Abductor digiti minimi (LPN); at the abductor hiatus. According to the utilization review performed on 2/20/15, the requested 1 bilateral foot orthotics and 4 units of plaster splints has been non-certified. American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 14 (Ankle and Foot Complaints) (2004), page 371; Official Disability Guidelines, Ankle and Foot (Acute and Chronic) was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral foot orthotics: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter, Orthotic Devices.

Decision rationale: The patient presents with bilateral lower extremity pain at the medial aspect of the right foot/ankle and at the bilateral plantar arch. The current request is for 1 bilateral foot orthotics. The treating physician states on 2/13/15 (B135) "The patient has difficulty tolerating rigid functional foot orthoses; therefore authorization for accommodative functional foot orthoses is requested at this time. This requires the performance of a bilateral slipper/impression casting procedure. Additionally, authorization is required for 4 units of plaster splints which are utilized during the slipper/impression casting procedure". MTUS Guidelines do not address orthotics. ODG states that orthotic devices are recommend 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). Orthoses 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 in people who stand for more than eight hours per day. In this case, both the treating physician and the AME agree that the patient has plantar fasciitis, bilateral feet. The current request is medically necessary and the recommendation is for authorization.

4 units of plaster splints: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter, Orthotic Devices.

Decision rationale: The patient presents with bilateral lower extremity pain at the medial aspect of the right foot/ankle and at the bilateral plantar arch. The current request is for 4 units of plaster splints. The treating physician states on 2/13/15 (B135) "The patient has difficulty tolerating rigid functional foot orthoses; therefore authorization for accommodative functional foot orthoses is requested at this time. This requires the performance of a bilateral slipper/impression casting procedure. Additionally, authorization is required for 4 units of plaster splints which are utilized during the slipper/impression casting procedure." MTUS Guidelines do not address orthotics. ODG states that orthotic devices are recommend 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). Orthoses 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 in people who stand for more than eight hours per day. In this case, both the treating physician and the AME agree that the patient has plantar fasciitis, bilateral feet. The current request is medically necessary and the recommendation is for authorization.