

Case Number:	CM15-0037251		
Date Assigned:	04/20/2015	Date of Injury:	10/20/2014
Decision Date:	05/19/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old who has filed a claim for chronic low back, knee, foot, and ankle pain reportedly associated with an industrial injury of October 28, 2014. In a Utilization Review report dated February 3, 2015, the claims administrator failed to approve a request for orthotics. The full text of the UR report did appear to have been somewhat truncated. On January 27, 2015, the applicant reported ongoing complaints of foot and ankle pain. Tenderness about the MCP joint, plantar fascia, and Achilles tendon region were appreciated. Foot orthoses were endorsed while the applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics and casting for plantar fibromatosis, pain in limb: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: Yes, the request for orthotics and associated casting was medically necessary, medically appropriate, and indicated here. The operating diagnosis here is the plantar fasciitis. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370, rigid orthotics are recommended as methods of symptom control for ankle and foot complaints, as were/are present here on or around the date in question. Introduction of orthotics was indicated to combat the same. Therefore, the request was medically necessary.