

Case Number:	CM15-0044521		
Date Assigned:	03/16/2015	Date of Injury:	02/06/2009
Decision Date:	04/20/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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: New York

Certification(s)/Specialty: Podiatrist

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 68 year old male, who sustained a work/ industrial injury on 2/6/09. He has reported initial symptoms of bilateral foot pain. The injured worker was diagnosed as having plantar fascial fibromatosis, equines deformity of foot, acquired; tenosynovitis of foot and ankle; exostosis (foot). Treatments to date included medication and steroid injections. Currently, the injured worker complains of intermittent soreness and sharp pain in bilateral heels. The treating physician's report (PR-2) from 2/10/15 indicated, per examination, that pulses were palpable, peripheral sensation intact, deep tendon reflexes were normal. Range of motion in ankle bilateral was reduced with dorsiflexion, tightness of the gastrocnemius complex bilaterally. There was tenderness of the medial tubercle of the plantar fascia bilateral with greater involvement of the right with compression. There was local inflammation to the region, indicating plantar fasciitis. Deformities of the forefoot and pain of the midfoot with tenderness to the arch of the bilateral foot, greater with dorsiflexion of the left/right hallux. Local inflammation to the region indicated FHL tendonitis. Medications included Celebrex, Omeprazole, and Diclofenac Sodium, and Nortriptyline. Treatment plan included Custom Orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Orthotics: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot (Acute& Chronic/Orthotic devices).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the requested custom orthotics are medically reasonable and necessary for this patient at this time. MTUS guidelines state that Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. It is well documented that this patient suffers with plantar fasciitis therefore, it is recommended that patient obtain custom orthotics for treatment.