MAXIMUS Federal Services

Case Number:	CM15-0045161		
Date Assigned:	03/17/2015	Date of Injury:	04/29/1998
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/10/2015

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: Emergency 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 injured worker is a 52-year-old male who reported injury on 04/29/1998. The mechanism of injury was not provided. Prior therapies included custom orthotics. There was a Request for Authorization submitted for review dated 09/17/2014. The documentation of 08/11/2014 revealed the injured worker was in for a painful corn on the left side of his right heel and for a discussion of new orthotics. The documentation indicated the injured worker had worn the ones that were made for him completely out and had thrown them away. The injured worker was utilizing over the counter orthotics. The injured worker complained of intermittent pain on his right ankle, where he had a calcaneal fracture in 1991; with an open reduction and internal fixation and a partial fusion in the subtalar joint with periodic pain. The x-ray revealed partial fusion of the subtalar joint, and a healed calcaneal fracture without hardware, which was removed. The injured worker had a small hyperkeratotic lesion along other lateral aspect of his right heel, where he had a large scar from the surgery. This was noted to be debrided. The recommendation was made for new orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of comfort boots insoles: Upheld

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: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Orthotic devices.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for injured workers with plantar fasciitis and metatarsalgia. They do not; however, address custom orthotics. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that stretching exercises and heel pads are associated with better outcomes than custom made orthoses in injured workers who stand for more than 8 hours. The documentation indicated the injured worker had a prior custom orthotic. The documentation indicated the injured worker's prior orthotic had become worn out and he was utilizing off the shelf orthotics. The clinical documentation submitted for did not indicate that the injured worker had plantar fasciitis or metatarsalgia. There was a lack of documentation of exceptional factors. Given the above, the request for 1 pair of comfort boot insoles is not medically necessary.