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| Case Number: | CM15-0051711 | | |
| Date Assigned: | 04/09/2015 | Date of Injury: | 10/13/2011 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/09/2015 |
| Priority: | Standard | Application Received: | 03/19/2015 |

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 50-year-old who has filed a claim for chronic knee and foot pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of October 13, 2011. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve a request for prefabricated shoe inserts or orthotics. The claims administrator referenced a RFA form and associated progress note of February 13, 2015 in its determination. The rationale for the note was somewhat sparse. The applicant's attorney subsequently appealed. On February 9, 2015, the applicant was described as having ongoing issues with bilateral plantar fasciitis and residual knee pain status post earlier failed knee surgery. The applicant was placed off of work, on total temporary disability, owing to her knee, ankle, and foot pain complaints as well as depressive symptoms. On December 29, 2014, the attending provider again maintained that the applicant would remain off of work, on total temporary disability owing to various chronic pain and medical health issues. Prolonged walking remained problematic owing to her issues with plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prefab Shoe Inserts: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Yes, the request for prefabricated shoe inserts (AKA over-the-counter orthotics) was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 14, Table 14-3, page 370, rigid orthotics are recommended as options in the management of plantar fasciitis, one of the operating diagnoses here. The applicant continued to report ongoing complaints of foot and ankle pain reportedly attributed to and/or worsened by prolonged standing and/or walking activities. Introduction of prefabricated orthoses, thus, was indicated in the clinical context present here. Therefore, the request was medically necessary.