

Case Number:	CM15-0056822		
Date Assigned:	04/01/2015	Date of Injury:	10/02/2001
Decision Date:	05/13/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/25/2015

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: Pennsylvania, Ohio, California
 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 52 year old female who sustained a work related injury October 2, 2001. Past history included s/p L4-5, L5-S1 fusion, 2007, s/p tarsal tunnel of the right ankle, decompression of the posterior tibial nerve and application of posterior splint, November, 2014. The injured worker began physical therapy December 23, 2014 post-operatively, and on January 27, 2015, physical therapy noted she has been following through with her home exercises on a consistent basis and her gait has improved overall. According to a podiatric progress report, dated February 23, 2015, the injured worker presented for follow-up and re-evaluation. She demonstrates continuation of plantar fascia pain and mostly wants authorization for orthotics and new surgical intervention. Diagnoses included painful internal fixation; tarsal tunnel syndrome; plantar fasciitis, right foot; Achilles tendon injury; painful gait. Treatment recommendations included continue with physical therapy, refill topicals, and request authorization for plantar fascia release of right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right foot orthotic: Upheld

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: ACOEM discusses the use of rigid orthotic for specific diagnoses, including plantar fasciitis. A physician note of 2/23/15 discusses that the patient has used continuous orthotics though without optimum improvement. The type of right foot orthotic currently requested is unknown; therefore, the rationale for this request or the basis by which it differs from past treatment is not known. This request is not medically necessary.