

Case Number:	CM15-0056868		
Date Assigned:	04/01/2015	Date of Injury:	10/25/2005
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 44 year old female, who sustained a work/ industrial injury on 10/25/05. She has reported initial symptoms of right foot pain. The injured worker was diagnosed as having plantar fasciitis. Treatments to date included medications and orthotics. Currently, the injured worker complains of flare up of right heel pain. The treating physician's report (PR-2) from 2/20/15 indicated a continuous sharp pain rated 4/10. The right ankle range of motion was not limited; right heel/foot pain with tender plantar fascia, swelling, ecchymosis. Heel was painful with need of replacement of custom orthotic. A steroid injection was to be given. Treatment plan included a replacement of bilateral orthotics (pair).

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement bilateral orthotics (pair) Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation APG 1 Pus 2010 Ankle & Foot Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) plantar fasciitis.

Decision rationale: The patient is a 44 year old female with an injury on 10/25/2005. She had plantar fasciitis and was treated with bilateral orthotics. As noted in ODG orthotics and heel pads are standard of care for patients with plantar fasciitis. ODG noted that custom orthotics improved plantar fasciitis in 68% of patients. Her bilateral orthotics require replacement and another set is medically necessary.