MAXIMUS Federal Services

Case Number:	CM15-0056890		
Date Assigned:	04/01/2015	Date of Injury:	10/02/2001
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
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: 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 injured worker is a 52 year old female, who sustained an industrial injury on October 2, 2001. The mechanism of injury is unknown. The injured worker was diagnosed as status post right tarsal tunnel release 11/14/2014, status post repair of lateral ligaments in the right ankle, status post repair of the peroneal tendons in the right ankle, painful internal fixation, tarsal tunnel syndrome, plantar fasciitis of the right foot, Achilles tendon injury and painful gait, lumbosacral radiculopahy, status post lumbar L4-5 and L5-S1 fusion, and chronic low back pain. Comorbid conditions includes obesity (BMI 32.5). Treatment to date has included diagnostic studies, surgery, injection, orthotics, medications and physical therapy. On February 23, 2015, the injured worker reported that her right foot tarsal tunnel pain is improving, secondary to the surgery. She noted continuation of plantar fascia pain and requested orthotics. The treatment plan included the continued need for physical therapy, medications and a request for plantar fascia release of the right foot. Her last evaluation by her foot specialist (Feb 23, 2015) noted gait imbalance from chronic right foot plantar fasciitis to be her primary foot symptom and dysfunction and noted that the symptoms persist despite maximum conservative treatment (which included use of orthotics). He recommended surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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), Orthotic devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-72, Table 14-6 pg 376.

Decision rationale: Foot orthotics or orthoses are devices developed to assist, resist, facilitate, stabilize or improve range of motion and functional capacity of the foot and ankle. They can be custom-made specifically to address the pathological features of the patient's foot condition. The ACOEM guideline does recommend use of orthotics to treat plantar fasciitis. There is no distinction in the guideline for use of custom orthotics verses off-the-shelf orthotics. Clinical experience has shown both are effective. Common sense suggests that an orthotic that is custom made to fit your foot may be more effective in reversing the disease process than a generic device especially in conditions of a chronic nature. If an off-the-shelf orthotic is used and doesn't resolve or only partially resolves the condition the provider is faced with a clinical challenge to decide if the device is at fault or if the therapy is not correct for this particular patient. This patient has injury/inflammation to plantar fascia of her right foot which has not improved with maximum conservative treatment. The decision to get new orthotics is moot since the specialist actually recommends surgery and not reapplication of treatment that has already been shown to be inadequate. Medical necessity for use of this device has not been established. Therefore, the requested treatment is not medically necessary.