

Case Number:	CM15-0081884		
Date Assigned:	05/04/2015	Date of Injury:	05/01/2013
Decision Date:	06/02/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/28/2015

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: Podiatrist

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 51 year old female, who sustained an industrial injury on 05/01/2013. On provider visit dated 03/26/2015 the injured worker has reported bilateral heel discomfort. On examination she was noted as still experiencing discomfort and tenderness within the region of the inferior proximal arch and heel region, quite sensitive. There no signs of erythema, no acute swelling or ecchymosis were noted. Symptoms are marginally exacerbated with dorsal flexion foot and ankle. The diagnoses have included plantar fasciitis, calcaneal spur, osteoarthritis and pain in limb. Treatment to date has included medication and surgical intervention. The provider requested bilateral functional orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral functional orthotics: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: According to the enclosed progress note dated 3/28/2015, this patient is suffering with pain to her bilateral heels plantarly. Patient exhibits a moderately antalgic gait with tenderness upon palpation to the plantar aspect of the medial arch and plantar heel. Patient is taking pain medication and will occasionally wear her orthotics. She states that they are sometimes too firm. MTUS guidelines, chapter 14, page 371, states that orthotics may be used for the treatment of plantar fasciitis. On occasion a patient will encounter a pair of orthotics that are not comfortable or not fit properly. At times new orthotics must be created and properly fit for the patient to improve comfort and compliance. After careful review of this case I feel that this patient is deserving of custom triplanar orthotics to help treat her plantar fasciitis. The request is medically necessary.