

Case Number:	CM15-0088865		
Date Assigned:	05/13/2015	Date of Injury:	07/12/2013
Decision Date:	06/12/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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 58 year old male, who sustained an industrial injury on July 12, 2013, incurring left knee injuries. He was diagnosed with a left knee sprain, thinning meniscus and residual patella subluxation. Treatment included a left knee arthroscopy, medial meniscectomy, left knee brace, acupuncture, physical therapy and work restrictions. Currently, the injured worker complained of persistent moderate pain in the left knee with intermittent numbness and tingling and left foot pain. He was diagnosed with left foot plantar fasciitis compensatory due to altered gait from the left knee sprain. The treatment plan that was requested for authorization included orthopedic shoes with memory foam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic shoes with memory foam: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Foot & Ankle chapter (online) Orthotic devices.

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

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the orthopedic shoes with memory foam recommended for this patient are medically reasonable and necessary. It is well-documented that this patient has been diagnosed with left plantar fasciitis, most probably due to compensation from his left knee pain. The MTUS guidelines state that soft supportive shoes may be used as a treatment for plantar fasciitis. For this reason I feel that the orthopedic shoes with memory foam are medically necessary for the treatment of this patient's plantar fasciitis.