

Case Number:	CM15-0089549		
Date Assigned:	05/13/2015	Date of Injury:	04/24/1991
Decision Date:	06/22/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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: Family Practice

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 72 year old male, who sustained an industrial injury on 04/21/1991. According to a progress report dated 12/30/2014, the injured worker returned for his usual debridement of a painful callus in the right midfoot area. Physical examination demonstrated mildly hyperkeratotic eschar seen in the mid arch area over the resected plantar fascia, well-healed wound, intact arterial and pedal pulses and both dorsal pedis and posterior tibial bilateral with instantaneous capillary refill and normal pedal skin temperature and turgor. Sensation was grossly intact to light touch. Diagnoses included plantar keratosis and plantar fasciitis. A prescription was given for new shoes and inlays. An authorization request dated 04/13/2015 was submitted for review. The requested treatment included custom molded longitudinal/metatarsal arch support. Diagnosis was noted as plantar fascial fibromatosis. Documentation submitted for review included an explanation from the provider dated 04/23/2015 noting that the injured worker had plantar fasciitis with previous fibroma resection of the right foot. The purpose of the inserts was to raise the medial longitudinal arch and decrease the plantar fascial strain on the calcaneus, thus relieving the pain. Currently under review is the request for custom molded longitudinal/metatarsal arch support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Molded Longitudinal/Metatarsal Arch Support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Orthotic devices.

Decision rationale: This patient receives treatment for chronic foot pain that arose after a work-related injury on 04/21/1991. The patient's medical diagnoses include s/p surgery to remove callus of the right midfoot, plantar keratosis, and plantar fasciitis and fibromatosis. This review addresses a request for a custom molded arch support. On exam, the sensory exam was normal. There was a visible scar on the mid sole. Circulation on exam was normal. The documentation does not mention whether over the counter insoles had been tried and failed nor does the documentation if any previous insoles demonstrated improvement in function or a reduction in the use of analgesics. The ODG treatment guidelines recommend supports to treat rear foot pain in cases of plantar fasciitis. Custom molded arch support is not medically necessary.