

Case Number:	CM14-0113121		
Date Assigned:	09/16/2014	Date of Injury:	09/11/2011
Decision Date:	10/24/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48 year old female with an injury date of 09/11/11. The most recent physical examination report provided is the 03/17/14 QME which reports the patient presents with pain of the right ankle, right knee, right wrist, left wrist and lower back. Examination of the shoulders shows a positive median nerve compression test bilaterally and a positive Phalen's test. Examination of the ankles shows no effusion or swelling on either side. Her diagnoses include: 1. Carpal tunnel syndrome 2. Contusion right ankle 3. Traumatic chondromalacia of the patellofemoral joint of the right knee 4. Lumbosacral strain 5. Plantar fasciitis (from the 01/31/14 report by [REDACTED]) The utilization review being challenged is dated 07/07/14. Reports were provided from 01/31/14 to 09/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Arch Support - Right foot: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004, OMPG Ankle/foot Chapt. 14 page 370

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines Ankle & Foot Chapter in the Heel pads topic

Decision rationale: The patient presents with pain of the right ankle, both wrists and lower back. The treater requests for 1 medial arch support right foot. The treater does not discuss this request in the reports provided. ODG guidelines Ankle & Foot Chapter in the Heel pads topic states they are recommended as an option for plantar fasciitis. ODG states, "Plantar fasciitis: This RCT concluded that a silicone insole should be considered a first-line treatment option in patients with plantar fasciitis." In this case there is a diagnosis of plantar fasciitis for the patient. Given the diagnosis, the use of shoe arch support would appear indicated. Recommendation is for authorization.