Case Number:	CM14-0119156		
Date Assigned:	08/06/2014	Date of Injury:	12/30/2008
Decision Date:	09/26/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/29/2014

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 Internal Medicine, 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:

Patient is an injured worker with plantar fascial fibromatosis, abnormality of gait, scar conditions and fibrosis of skin, neuralgia, neuritis, and radiculitis. Date of injury was 12-30-2008. Progress report dated 06/07/14 indicated the diagnoses of right foot calcaneal fracture, right hind foot subtalar joint arthritis, posterior tibial tendon involvement, and tertiary neuritic manifestations from the crush injury. Subjective complaints included pain located in the right heel starting just proximal to the incision site and radiating to the incision itself and was anesthetic over the plantar aspect of the foot. Physical examination was documented. Plantar and medial heel hypertrophic scarring was noted. Pain was located to the right heel. Pain starts just proximal to the incision and then radiates to the incision itself. It is anesthetic over the plantar aspect of his foot, but he has deep pain on palpation. He has decreased sensation towards the Achilles tendon and there is decreased sensation all around the incision. Positive Tinel sign with percussion. There was deep pain on palpation and that he had decreased sensation towards the Achilles tendon and decreased sensation all around the incision as well as positive Tinel sign with percussion. There was mention of an injection trigger site that was 1 cm distal to the intersection of the tibial line and oblique line from the apex of the medial malleolus and pain and positive Tinel sign with percussion of Baxter's nerve distal to the lanciniate ligament. He was status post right arthroscopic partial synovectomy and increased fat pad to palpation. Diagnoses were abnormality of gait, plantar fascial fibromatosis and neuralgia, neuritis, or radiculitis unspecified. The treatment plan included nerve injections followed by surgery involving subtalar joint arthrodesis. Functional foot orthoses (FFO) casting and shoes to fit with orthotics were requested. Utilization review determination date was 07-11-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Foot Orthoses (FFO) Casting: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Ankle and Foot chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-372, 376-377.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses foot orthotics and shoes. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints (pages 370-372) states that rigid orthotics are treatment options for plantar fasciitis and metatarsalgia. Shoes are a treatment option for foot conditions, including plantar fasciitis, tendinitis, tenosynovitis, forefoot sprain, neuroma, and heel spur. Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. Activities and postures that increase stress on a structurally damaged ankle or foot tend to aggravate symptoms. Correct undesirable correlated and compensatory motions and postures if possible. Weight bearing may be limited during the first few weeks, with gradual return to full weight bearing. Weight bearing with orthotics often returns function toward normal very quickly. Table 14-6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints (page 376) recommends for acute injuries, immobilization and weight bearing as tolerated, taping or bracing later to avoid exacerbation or for prevention. For appropriate diagnoses, rigid orthotics, metatarsal bars, heel donut, toe separator are recommended. Medical records document the diagnoses of plantar fascial fibromatosis, abnormality of gait, scar conditions and fibrosis of skin, neuralgia, neuritis, radiculitis, right foot calcaneal fracture, right hind foot subtalar joint arthritis, posterior tibial tendon involvement, tertiary neuritic manifestations from the crush injury, and status post right arthroscopic partial synovectomy. Physical examination documented tenderness, hypertrophic scarring, neurologic abnormalities. ACOEM guidelines recommend foot orthotics and shoes to improve structural stress with weight bearing and symptoms and correct undesirable motions and postures for prevention and treatment purposes. The medical records and ACOEM guidelines support the medical necessity of functional foot orthoses (FFO) casting and shoes to fit with orthotics. Therefore, the request for Functional Foot Orthoses (FFO) Casting is medically necessary.

Shoes to fit Orthotics: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Ankle and Foot chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-372, 376-377.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses foot orthotics and shoes. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints (pages 370-372) states that rigid orthotics are treatment options for plantar fasciitis and metatarsalgia. Shoes are a treatment option for foot conditions, including plantar fasciitis, tendinitis, tenosynovitis, forefoot sprain, neuroma, and heel spur. Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. Activities and postures that increase stress on a structurally damaged ankle or foot tend to aggravate symptoms. Correct undesirable correlated and compensatory motions and postures if possible. Weight bearing may be limited during the first few weeks, with gradual return to full weight bearing. Weight bearing with orthotics often returns function toward normal very quickly. Table 14-6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints (page 376) recommends for acute injuries, immobilization and weight bearing as tolerated, taping or bracing later to avoid exacerbation or for prevention. For appropriate diagnoses, rigid orthotics, metatarsal bars, heel donut, toe separator are recommended. Medical records document the diagnoses of plantar fascial fibromatosis, abnormality of gait, scar conditions and fibrosis of skin, neuralgia, neuritis, radiculitis, right foot calcaneal fracture, right hind foot subtalar joint arthritis, posterior tibial tendon involvement, tertiary neuritic manifestations from the crush injury, and status post right arthroscopic partial synovectomy. Physical examination documented tenderness, hypertrophic scarring, neurologic abnormalities. ACOEM guidelines recommend foot orthotics and shoes to improve structural stress with weight bearing and symptoms and correct undesirable motions and postures for prevention and treatment purposes. The medical records and ACOEM guidelines support the medical necessity of functional foot orthoses (FFO) casting and shoes to fit with orthotics. Therefore, the request for Shoes to fit Orthotics is medically necessary.