

Case Number:	CM14-0142549		
Date Assigned:	09/10/2014	Date of Injury:	06/10/2013
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and foot pain associated with an industrial injury of July 10, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; corticosteroid injection therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated August 13, 2014, the claims administrator denied a request for walking boots. Non-MTUS ODG Guidelines were invoked to deny the walking boots. Somewhat incongruously, the claims administrator invoked an ODG Guideline which spoke favorably on orthotic devices for plantar fasciitis and for foot pain in rheumatoid arthritis. The claims administrator went on to document the fact that the claimant had a rheumatoid contracture about the foot and also had a superimposed diagnosis of plantar fasciitis. The applicant's attorney subsequently appealed. In a March 3, 2014 progress note, the applicant was described as using Mobic and Prilosec. Work restrictions were endorsed. It was suggested that the applicant's employer was not able to accommodate the limitations in question and that the applicant was therefore off of work. 8/10 low back and left foot pain was reported. In a psychology note dated March 12, 2014, the applicant was placed off of work, on total temporary disability. The orthotics at issue was apparently sought via a Request for Authorization Form dated August 11, 2014. In a progress note dated June 30, 2014, the applicant reported persistent complaints of left heel pain reportedly associated with plantar fasciitis of the same. Corticosteroid injection was performed in the clinic setting to the heel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walking Boots: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-3, "soft, supportive shoes" are recommended as methods of symptom control for plantar fasciitis, one of the diagnoses present here. In this case, the applicant apparently has a variety of diagnoses pertaining to the feet, including plantar fasciitis and rheumatoid arthropathy of the same. Provision of walking boots to ameliorate the applicant's persistent foot issues is indicated, appropriate, and supported by ACOEM. Therefore, the request is medically necessary.