

Case Number:	CM14-0168852		
Date Assigned:	10/16/2014	Date of Injury:	12/29/2011
Decision Date:	11/18/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/13/2014

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 Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 12/29/2011. On June 30, 2014 patient was evaluated for bilateral foot pain. He advises that over-the-counter orthotics did not alleviate his foot pain. X-rays taken prior to this visit reveal signs of plantar fasciitis left greater than right. Further prior treatments have included local steroid injections to symptomatic heels, nerve conduction studies which were normal, shockwave therapy to each heel and a plantar fascia night splint dispensed in 2012. During this exam it is noted that patient experiences burning knife like sensations in both feet. Left foot is much greater than right. Patient relates that the pain ranges from 6/10 to 9/10. He is performing foot elevation and taking ibuprofen for pain relief. Physical exam demonstrates maximal pronation upon gait. Antalgic gait is noted with mild a propulsiveness. Pain was noted upon direct palpation to the medial tubercle of bilateral calcaneus. Pain was noted upon palpation to the plantar fascia and its origin bilaterally. Diagnoses include tarsal tunnel syndrome, abnormal pronation, pes planus valgus, plantar fasciitis, neuritis, paresthesia, foot pain. Recommendations for treatment include orthotics, supportive running shoes, physical therapy, possible further local steroid injection, additional night splint so that he may wear one on each foot, neurological referral, and consideration for plantar fasciotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Orthotics 1 Pair Bilateral Feet,: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for one pair of custom orthotics is medically reasonable and necessary for this patient. MTUS guidelines state that orthotic therapy is recommended in patients who have painful plantar fasciitis. This patient does indeed have a diagnosis of painful plantar fasciitis and would medically benefit from these devices.

Purchase Orthotic Casting, Bilateral Feet,: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for orthotic casting, bilateral feet is medically reasonable and necessary for this patient. MTUS guidelines state that orthotic therapy is recommended in patients who have painful plantar fasciitis. This patient does indeed have a diagnosis of painful plantar fasciitis and would medically benefit from these devices. Casting for orthotics is a necessary step in the creation of orthotics, therefore should be recommended.

Purchase Plantar Fascial Night Brace #1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for the purchase of one plantar fascia night splint is medically reasonable and necessary for this patient. The guidelines state that Night splints, as part of a treatment regimen that may include stretching, range-of-motion (ROM) exercises and nonsteroidal anti-inflammatory drugs (NSAIDs), may be effective in treating plantar fasciitis, though evidence is limited. It is noted in the progress notes and the evaluations that this patient has been stretching, undergoing physical therapy, and has taken ibuprofen. Even though patient was dispensed one night splint years ago, I believe it is reasonable for him to have a 2nd one since his pain is significant bilaterally.