

Case Number:	CM14-0182041		
Date Assigned:	11/06/2014	Date of Injury:	10/18/2013
Decision Date:	12/09/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 a Licensed Podiatrist 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 10/18/2013. On 8/20/2014 patient was evaluated for numerous lower extremity pains, including left foot pain. It is noted that patient is 306 pounds and is 5'6" tall. Tenderness is noted upon palpation to the arch and heels. Patient is noted to be wearing orthotics, which cause calluses to her feet. Diagnosis is plantar fasciitis. Recommendations include home exercises. On 9/30/2014 patient was seen in follow-up for left foot pain. Pain is noted to increase with walking and standing. Patient's right foot appears to be getting worse with orthotics. Left foot is tender to palpation to the heel and plantar fascia as well as the arch. Diagnosis includes plantar fasciitis. This day it was recommended that patient obtain Apex ambulatory Biomech B4500 M and [REDACTED] t boss Black 9510. Modified duty was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Apex Ambulatory Biomech 4500M: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-83.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the request for Apex Ambulatory Biomech 4500M is not medically reasonable or necessary for this patient at this time according to the guidelines. The MTUS guidelines state that treatment for plantar fasciitis (which is the diagnosis for this patient) consists of a heel donut, soft supportive shoes, and or rigid orthotics. The Apex shoes above are extra depth diabetic type shoes and not recommended for non-diabetic patients or as a treatment for patients with plantar fasciitis. Furthermore, even if the patient was diabetic, Medicare criteria dictate significant physical findings that a patient must demonstrate prior to coverage of these types of shoes. There is no documentation of these findings in the enclosed chart notes. The request is not medically necessary.

██████████ **Boss Black 9510, Qty: 1:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-83.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the request for ██████████ Boss Black shoes is not medically reasonable or necessary for this patient at this time according to the guidelines. The MTUS guidelines state that treatment for plantar fasciitis (which is the diagnosis for this patient) consists of a heel donut, soft supportive shoes, and or rigid orthotics. The ██████████ shoes above are extra depth diabetic type shoes and not recommended for non-diabetic patients or as a treatment for patients with plantar fasciitis. Furthermore, even if the patient was diabetic, Medicare criteria dictate significant physical findings that a patient must demonstrate prior to coverage of these types of shoes. There is no documentation of these findings in the enclosed chart notes. The request is not medically necessary.