

Case Number:	CM14-0088741		
Date Assigned:	07/23/2014	Date of Injury:	10/30/2000
Decision Date:	10/31/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/12/2014

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 Rehabilitation & Pain Management 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 56 year old with an injury date on 10/30/00. Patient complains of bilateral foot pain, and chronic heel and arch pain with compensatory overload to 2nd MPJ of right foot per 5/9/14 report. The pain in the heel/arch pain comes on in the first steps after rest, with standing tolerance of less than 1 hour before symptoms are significant, with pain rated 3-7/10 depending on activity per 5/9/14 report. Based on the 5/9/14 progress report provided by [REDACTED] the diagnoses are: 1. HSS, plantar fasciitis, plantar fasciotis, periosteosis, enthesopathy heel and arch B/L2. entrapment neuritis CAL-BR-PTN Right3. CSS B/L4. HTD 2nd toe Right5. Prev ruptured plantar plate Right 2nd MPG6. Contracture 2nd MPG B/L Right > Left Exam on 5/9/14 showed "2nd MPG in left foot tender but able to walk without pain. 2nd MPG intoe on right still problematic. Pain to palpation medial plantar heel, central inferior heel, central proximal plantar fascia." Patient's treatment history includes immobilization-strapping with padding, removable accommodative met pads, custom orthotic with accommodation for 2nd MPJ. [REDACTED] is requesting orthotic shoes with custom inserts purchase. The utilization review determination being challenged is dated 5/19/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/17/13 to 5/9/14. This patient presents with bilateral foot pain and bilateral heel pain. The treating physician has asked for orthotic shoes with custom inserts purchase on 5/9/14. Regarding shoe inserts and orthotic shoes for low back pain, ODG guidelines recommend shoe inserts but not custom made shoes or custom made inserts. Shoe lifts are recommended for leg-length discrepancy. In addition, the physical examination stated that "the patient can walk without pain." Recommendation is for denial as the request is not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotic Shoes with Custom Inserts Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment & Workman's Compensation (TWC): Ankle and Foot Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Chapter on low back section, Shoe insoles / shoe lifts

Decision rationale: This patient presents with bilateral foot pain and bilateral heel pain. The treating physician has asked for orthotic shoes with custom inserts purchase on 5/9/14. Regarding shoe inserts and orthotic shoes for low back pain, ODG guidelines recommend shoe inserts but not custom made shoes or custom made inserts. Shoe lifts are recommended for leg-length discrepancy. In addition, the physical examination stated that "the patient can walk without pain." Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.