

Case Number:	CM13-0053143		
Date Assigned:	12/30/2013	Date of Injury:	05/31/2011
Decision Date:	03/04/2015	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/30/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Podiatrist

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 injured worker is a 56 age year old male, who sustained an industrial injury on May 31, 2011. The diagnoses have included lumbar radiculopathy, chronic pain, obesity and plantar fasciitis. Treatment to date is not discussed in the requesting physician's documents. Currently, the IW complaints on the visit dated August 30, 2013 did not include complaints of the feet the documentat6ion discussed the low back pain issues. The provider discussed in his document dated August 30, 2013 that the plan of treatment for the plantar fasciitis is bilateral cortisone injections. On October 3, 2013 Utilization Review non-certified a bilateral custom-molded orthotic s noting the MTUS was cited. On September 27, 2013 IMR application was received, the injured worker submitted an application for IMR for review of bilateral custom-molded orthotic s for plantar fascia pain. On August 2, 2013 a progress note on this patient advises that there is tenderness of the bilateral foot as well as plantar fascia tenderness bilaterally. During this visit the patient received a diagnosis of bilateral plantar fasciitis. The treatment plan includes dispensing of custom molded orthotics for the plantar fasciitis pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CUSTOM-MOLDED ORTHOTICS FOR PLANTAR FASCIA PAIN:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

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

Decision rationale: On August 2, 2013 a progress note for this patient advises that there is tenderness of the bilateral foot as well as plantar fascia tenderness bilaterally. During this visit the patient received a diagnosis of bilateral plantar fasciitis. The treatment plan includes dispensing of custom molded orthotics for the plantar fasciitis pain. After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that bilateral custom molded orthotics for this patient's plantar fasciitis pain are medically reasonable and necessary. The MTUS guidelines state that 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. While it is true that the progress notes and physical exam are sparse, the patient does demonstrate plantar fasciitis type pain, and has a diagnosis of plantar fasciitis bilaterally. For these reasons I feel that custom orthotics are medically reasonable and necessary.