

Case Number:	CM14-0214441		
Date Assigned:	01/07/2015	Date of Injury:	05/12/2009
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

51y/o female injured worker with date of injury 5/12/09 with related back and left leg pain. Per progress report dated 10/28/14, the injured worker complained of a sense of heaviness in her legs with tingling and burning in her feet. Due to delay of treatment, she has obtained other self-procured treatments for her feet and was diagnosed with plantar fasciitis in both feet. This has limited her activities of standing, walking, and running. It was noted that this may have occurred as her gait has changed due to her increase of leg pain in the last four to five months. Per physical exam, there was intact strength in the bilateral extensor hallucis longus, tibialis anterior, gastrocs, and quads. Sensation was decreased in the bilateral toes. Treatment to date has included physical therapy and medication management. The date of UR decision was 12/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral orthotics for the feet: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: Per ACOEM guidelines: "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. The documentation submitted for review indicates that the injured worker has a diagnosis of plantar fasciitis. She has attempted stretching exercises, heel pads, ultrasound, and various other self-procured methods to try to remedy this problem. I respectfully disagree with the UR physician, the documentation supports the request. The request is medically necessary.