

Case Number:	CM14-0218149		
Date Assigned:	01/07/2015	Date of Injury:	06/30/2004
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

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

A 62 year old male was injured 6/30/04. The mechanism of injury was not identified. He was followed for chronic right insertional Achilles tendinosis. He has chronic thickening of the Achilles tendon with an appearance consistent with prior debridement. There was no tenderness or defects in the proximal tendon. Tenderness was noted in the posterior aspect of the heel and no evidence of an equinus. Radiographs reveal a soft tissue anchor in the body of the calcaneus. On 12/15/14 Utilization Review (UR) non-certified the request for DME Custom Foot Orthotics based on previous certification for custom foot orthotic (10/13) and note by provider that the orthotics are about six years old. However, given the diagnosis the injured worker does not meet guideline criteria for custom foot orthotics. Guideline referenced was ODG foot/ankle section.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Custom Foot Orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: DME Custom Foot Orthotics is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS states 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. The ODG recommends orthotics for plantar fasciitis and for foot pain in rheumatoid arthritis. The documentation indicates that the patient's diagnosis is Achilles tendinosis therefore custom foot orthotics is not medically necessary.