

Case Number:	CM14-0219043		
Date Assigned:	01/09/2015	Date of Injury:	08/25/2011
Decision Date:	03/04/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/31/2014

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: Pennsylvania

Certification(s)/Specialty: Internal 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:

The injured worker (IW) is a 47 year old male, who sustained an industrial injury on 8/25/2011. He has reported onset of plantar foot pain progressing to foot, back, and left shoulder pain. The IW was diagnosed with bilateral plantar fasciitis and metatarsalgia. The physician documented that as the injured worker continued working, pain level increased commensurate with the amount of standing and walking. The additional diagnoses have included chronic cervical strain/sprain, thoracic myalgia/myositis, degenerative disc disease, lumbar sprain/strain and depression. Treatment to date has included arch supports, activity modification, prior orthotics issued in 2012, podiatry consultation, physical therapy, acupuncture, and oral medications. The current work status was documented as modified semi-sedentary work. The documentation from the physician notes that the prior orthotics continued to hurt his feet and that he continued to wear them and continued to have pain. Currently, the IW complains of pain on entire bottom of feet, left greater than right side. Physical examination on 12/2/14 showed the medial band of the plantar fascia was tender under the heel, instep, and at the height of the arch. On the date of evaluation, the orthotics in use were measured and found to have a gap at the height of the arch rendering them nonanatomic and indicating necessity of replacement/repair. Radiographic imaging including x-rays revealed no acute findings. Diagnostic ultrasound performed at the plantar fascia revealed bilateral medial plantar fascia measured at 0.48 centimeters (cm), (normal = 0.40 cm). Treatment plan included a new pair of custom molded orthotics. On 12/15/2014 the Utilization Review partially certified/ modified the request for custom molded orthotics x 2 bilateral feet and soft interface x 2 bilateral feet, certifying custom-molded orthotics

x 1 pair for bilateral feet and soft interface x 1 pair for bilateral feet, citing the MTUS, ACOEM and ODG Guidelines. On 12/31/2014, the injured worker submitted an application for independent medical review (IMR) for review of durable medical equipment (DME): custom molded orthotics x 2 and soft interface x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom-molded orthotics times two bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation ODG-TWC Ankle & Foot Procedure Summary

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

Decision rationale: The injured worker has a diagnosis of plantar fasciitis which is causing pain; he had been using orthotics which were found to be nonanatomic and in need of repair/replacement. The MTUS/ACOEM guidelines state that orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The request was for custom molded orthotics times two bilateral feet and soft interface times two bilateral feet. Utilization Review modified the request, certifying custom-molded orthotics times one pair for bilateral feet and soft interface times one pair for bilateral feet. The treating physician did not document the indication for two pairs of orthotics and soft interface for the bilateral feet. Although the guidelines state that orthotics may be used in the treatment of plantar fasciitis, the number requested is not supported. It is possible that the original request for "molded orthotics times two bilateral feet and soft interface times two bilateral feet" was intended to indicate one pair of each item, but this was not clearly specified. In addition, it was documented that the injured worker continued to have foot pain in spite of the use of prior orthotics, and there was no documentation of functional improvement as a result of the use of orthotics. Work status remains modified semi-sedentary work. The request for custom molded orthotics times two bilateral feet is not medically necessary.

Soft Interface times two bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation ODG-TWC Ankle & Foot Procedure Summary

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

Decision rationale: The injured worker has a diagnosis of plantar fasciitis which is causing pain; he had been using orthotics which were found to be nonanatomic and in need of

repair/replacement. The MTUS/ACOEM guidelines state that orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The request was for custom molded orthotics times two bilateral feet and soft interface times two bilateral feet. Utilization Review modified the request, certifying custom-molded orthotics times one pair for bilateral feet and soft interface times one pair for bilateral feet. The treating physician did not document the indication for two pairs of orthotics and soft interface for the bilateral feet. Although the guidelines state that orthotics may be used in the treatment of plantar fasciitis, the number requested is not supported. It is possible that the original request for "molded orthotics times two bilateral feet and soft interface times two bilateral feet" was intended to indicate one pair of each item, but this was not clearly specified. In addition, it was documented that the injured worker continued to have foot pain in spite of the use of prior orthotics, and there was no documentation of functional improvement as a result of the use of orthotics. Work status remains modified semi-sedentary work. The request for soft interface times two bilateral feet appears to be in association with the requested orthotics, which are not medically necessary. The request for soft interface times two bilateral feet is not medically necessary.