

Case Number:	CM15-0102376		
Date Assigned:	06/04/2015	Date of Injury:	06/12/2014
Decision Date:	07/09/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic ankle and heel pain reportedly associated with an industrial injury of June 12, 2014. In a Utilization Review report dated May 18, 2015, the claims administrator failed to approve a request for orthotics. A RFA form dated May 12, 2015 and associated progress note of May 1, 2015 were referenced in the determination. Despite the fact that the MTUS Guideline in ACOEM Chapter 14 addressed the topic of orthotics, the claims administrator nevertheless invoked non-MTUS 2011 ACOEM Guidelines in its determination. The applicant or applicant's attorney subsequently appealed; however, it appeared that the text of the applicant's handwritten appeal had been blurred as a result of repetitive photocopying and faxing. In an order form dated May 1, 2015, orthotics were apparently ordered. In an associated progress note dated May 1, 2015, the applicant reported ongoing complaints of ankle and heel pain reportedly attributed to Achilles tendinopathy status post earlier platelet-rich plasma injection therapy. Custom orthotics were endorsed while the applicant was returned to regular duty work. Tenderness about the calcaneal region was appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pair of custom orthotics: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Yes, the request for custom orthotics was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, page 371, rigid orthotics may reduce global management of pain and disability associated with plantar fasciitis and/or metatarsalgia. Here, the applicant was described as having foot, ankle, and heel complaints attributed to fasciitis and/or tendonitis. Introduction of orthotics was, thus, indicated to ameliorate the same. Therefore, the request was medically necessary.