

Case Number:	CM15-0016301		
Date Assigned:	02/24/2015	Date of Injury:	10/13/2011
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/28/2015

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: 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 50 year old female, who sustained an industrial injury on 10/31/2011. The current diagnosis is plantar fasciitis. According to the progress report dated 12/29/2014, the injured worker continues to suffer from bilateral plantar fasciitis and associated pain. Treatment to date has included over-the-counter insoles. The treating physician is requesting bilateral rigid orthotics, which is now under review. On 1/21/2015, Utilization Review had non-certified a request for bilateral rigid orthotics. The California MTUS ACOEM and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right rigid orthotics: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com/odgtwc/ankle.htm>

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

Decision rationale: According to the enclosed information and the enclosed progress notes, this patient suffers with painful plantar fasciitis bilaterally. OTC orthotics did not alleviate patient's pain and a physician requested custom bilateral rigid orthotics. Chapter 14 of the MTUS guidelines state that custom rigid orthotics may be used for the treatment of painful plantar fasciitis and metatarsalgia. Because this patient has a diagnosis of painful plantar fasciitis, custom rigid orthotics may be recommended for treatment.

Left rigid orthotics: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com/odgtwc/ankle.htm>

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

Decision rationale: According to the enclosed information and the enclosed progress notes, this patient suffers with painful plantar fasciitis bilaterally. OTC orthotics did not alleviate patient's pain and a physician requested custom bilateral rigid orthotics. Chapter 14 of the FTUS guidelines state that custom rigid orthotics may be used for the treatment of plantar fasciitis and metatarsalgia. Because this patient has a diagnosis of painful plantar fasciitis custom rigid orthotics may be recommended for treatment.