

Case Number:	CM15-0120929		
Date Assigned:	07/01/2015	Date of Injury:	11/25/2012
Decision Date:	08/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (n) 54 year old male, who sustained an industrial injury on 11/25/12. He reported pain in his left ankle after he fell about 5 feet. The injured worker was diagnosed as having bilateral plantar fasciitis, internal derangement of left sinus tarsi, impairment of the tibial nerve bilaterally and impairment of the right peroneal nerve. Treatment to date has included a left ankle CT on 11/17/14 showing a healed medial malleolar fracture, Tramadol, physical therapy and left ankle surgery on 5/18/15. As of the PR2 dated 3/20/15, the injured worker reports weakness in the right ankle and increased pain when walking. He is using the velocity brace on the bilateral feet for stability. Objective findings include a positive Tinel's sign at the common peroneal nerve with radiation distally on the right and localized plantar pain at the left heel and the posterior tibial nerve. The injured worker has custom orthotic inserts. The treating physician requested orthopedic shoes for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic shoes purchase: 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), Ankle and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot chapter, Orthotics.

Decision rationale: Based on the 03/20/15 progress report provided by treating physician, the patient presents with right ankle and bilateral heel pain. The patient is status post fracture and left foot surgical repair, unspecified date, and left ankle surgery on 05/18/15. The request is for orthopedic shoes purchase. Patient's diagnosis per Request for Authorization form dated 03/20/15 includes bilateral plantar fasciitis. Physical examination on 03/20/15 revealed positive Tinel's sign at the common peroneal nerve with radiation distally on the right foot, and localized plantar pain at the left heel and the posterior tibial nerve. Treatment to date included surgery, imaging studies, bracing and medications. The patient is temporarily disabled, per 12/03/14 report. ACOEM and MTUS do not specifically discuss shoes. MTUS/ACOEM chapter 14, Ankle and Foot Complaints, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG-TWC, Ankle and Foot Chapter under Orthotics states: "both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome). Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses and people who stand for more than 8 hours per day." UR letter dated 05/19/15 states "ODG notes that shoes are recommended as an option for knee osteoarthritis. In this case the claimant has a plan of care for left ankle surgery..." Per 03/20/15 report, treater states "Orthotics will be requested to stop the collapse of the medial arch, and stop the irritation of the tibial nerve at the ankle, and reduce the jamming at the sinus tarsi. Will be used postoperatively." Per RFA dated 03/20/15, orthopedic shoes are requested "to accommodate orthotics." The patient has a diagnosis of bilateral plantar fasciitis for which orthotics are indicated by ODG. There is no indication orthotic shoes were previously dispensed. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.