

Case Number:	CM15-0127481		
Date Assigned:	07/13/2015	Date of Injury:	12/01/1999
Decision Date:	08/07/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/01/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 62 year old male patient who sustained an industrial injury on 12/01/1999. The worker injured his right foot while wearing steel toed boots walking on concrete floors while working in a warehouse. The patient was deemed permanent and stationary on 12/05/2013. He utilizes a pair of orthotics and takes Motrin for the pain. He has undergone multiple conservative treatments to include: orthotics, night splints, anti-inflammatory medications and injections. The patient underwent a right partial plantar fasciectomy on 12/05/2012, has continued with therapy and medication, and is back working. There was recommendation for the patient to obtain a new pair of orthotics as he is with complaint of burning and tired sensations in the bilateral feet. He is to remain on regular work duty and follow up in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Orthotics Right Heel/Foot: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic devices.

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

Decision rationale: The ACOEM chapter on foot complaints states: 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 patient does have the diagnosis of plantar fasciitis and therefore the request is certified as criteria have been met per the ACOEM.