MAXIMUS Federal Services

Case Number:	CM15-0074111		
Date Assigned:	04/24/2015	Date of Injury:	06/17/2013
Decision Date:	07/16/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/17/2015

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: 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:

This 42 year old man sustained an industrial injury on 6/17/2013. The mechanism of injury is not detailed. Diagnoses include lumbosacral pain, bilateral foot and ankle tendinitis and plantar fasciitis, left shoulder impingement syndrome, and bilateral knee sprain. Treatment has included oral medications. Physician notes on a PR-2 dated 3/4/2015 show complaints of low back pain and bilateral Achilles pain. Recommendations include bilateral heel cups, cancel pain management consultation, continue home exercise program, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral heel cups: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter/Heel Pads Section.

Decision rationale: MTUS guidelines do not address the use of heel pads/cups. Per the ODG, heel pads/cups are recommended as an option for plantar fasciitis, but not for Achilles tendonitis. Plantar fasciitis: This RCT concluded that a silicone insole should be considered a first-line treatment option in patients with plantar fasciitis. (Yucel, 2013) This RCT found stretching and heel pads the most effective treatments for plantar fasciitis, with silicone inserts showing the largest percentage improvement. As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. The percentages improved in each group were: (1) silicone insert, 95%; (2) rubber insert, 88%; (3) felt insert, 81%; (4) Achilles tendon and plantar fascia stretching only, 72%; and (5) custom orthosis, 68%. In this case, the injured worker complains of bilateral Achilles pain. As the guidelines do recommend the use of heel pads/cups for Achilles tendinitis, the request for bilateral heel cups is determined to not be medically necessary.