

Case Number:	CM15-0091198		
Date Assigned:	05/15/2015	Date of Injury:	02/14/2014
Decision Date:	06/16/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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 60 year old male, who sustained an industrial injury on 02/14/2014 when a vehicle came up behind him and accidentally hit him. He fell and landed on his back as the vehicle ran over his left leg. The vehicle stopped on his right leg, backed up and ran over his left leg for the second time. Treatment to date has included MRI scans of his legs, medications, x-rays of his head and legs, aquatic physical therapy and massage. According to a progress report dated 03/13/2015 the injured worker reported that he received injections to the bilateral feet during his last visit. His heel pain immediately reduced to about 30 to 40 percent. He could walk a bit longer with reduced pain. The velocity brace helped and maintained the stability of his ankle. Terocin patches helped and reduced the pain temporarily. Physical examination demonstrated mild improvement in plantar heel pain. There was still moderate pain present in the heel and lateral leg. There was no infection or cellulitis noted. The injection sites were pain free with no inflammation. Diagnoses included plantar fasciitis, enthesopathy, impairment of the peroneal tendon and internal derangement of the ankle and sinus tarsi. The injured worker was there for his second scheduled trigger point injection. He was to have up to four injections. As soon as the plantar heel pain resolved then attention would be given to the peroneal tendon. The provider requested functional orthotics with orthopedic shoes to maintain the plantar fascia together and allow function. Currently under review is the request for orthopedic footwear, men's shoe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic footwear, men's shoe: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot and Ankle, Heel Pads.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: According to the enclosed progress notes, this patient is suffering with painful plantar fasciitis as well as peroneal tendinitis. Patient was a victim of a traumatic injury to his feet. A diagnosis of plantar fasciitis was made and patient underwent cortisone injections to the painful heel area. Patient was also treated with Terocin patches. Recommendation for orthopedic shoes and custom functional orthotics was made. The MTUS guidelines state that plantar fasciitis may be treated with soft supportive shoes. Orthopedic shoes are used to accommodate certain biomechanical changes in the foot as well as report other areas of the foot. They are also noted to have good supportive soft soles. For this reason I feel that the orthopedic shoes meets the above mentioned criteria for this patient. Therefore the request is medically necessary.