MAXIMUS Federal Services

Case Number:	CM15-0096816		
Date Assigned:	05/27/2015	Date of Injury:	06/05/2014
Decision Date:	06/25/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 49 year old male who sustained a work related injury June 5, 2014. Past history included fractured jaw, teeth, concussion, and left shoulder surgery. According to a physician's periodic office visit, dated April 24, 2015, the injured worker presented with complaints of neck and left foot pain, rated 4/10, with medication and 7/10, without medication, and remains unchanged since his last visit. An MRI of the left ankle, dated 6/26/2014, revealed prominent trabecular contusions consistent with transient subluxation, distal fibular oblique posterior non displaced fracture, prominent proximal plantar fasciitis and possible small superior surface tear, focal distal Achilles tendinopathy at the lateral calcaneal insertion. Physical examination revealed; tenderness in the cervical spine, tenderness to palpation over the left heel and mid-foot, and light touch sensation is decreased over the thumb, index finger, on the left side. Diagnosis is documented as extremity pain. Treatment plan included discussion of conservative measures for pain relief preferred over surgery for the left foot. At issue, is the request for authorization for orthotics for the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics for the left foot QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Orthotic devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Orthotics.

Decision rationale: Pursuant to the Official Disability Guidelines, orthotics left foot #1 is not medically necessary. Orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis and heel spur syndrome). See guidelines for additional details. In this case, the injured worker's working diagnosis is extremity pain. Subjectively, according to an April 24, 2015 progress note, there are no subjective complaints in the medical record. There is no location of pain in the medical record. Objectively, the foot is tender to palpation over the heel and midfoot. Motor strength is 5/5 and normal. Initial x-rays showed a mildly displaced fracture of lateral malleolus. There is no clinical diagnosis of plantar fasciitis and no subjective complaints in the subjective section. The treatment plan includes weight loss for pain relief. Consequently, absent clinical documentation with subjective complaints and a clinical diagnosis of plantar fasciitis, orthotics left foot #1 is not medically necessary.