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| Case Number: | CM15-0099744 | | |
| Date Assigned: | 06/02/2015 | Date of Injury: | 04/17/2014 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/07/2015 |
| Priority: | Standard | Application Received: | 05/25/2015 |

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: Pennsylvania
 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:

This 39 year old female sustained an industrial injury on 4/17/14. She subsequently reported ankle pain. Diagnoses include bilateral sinus tarsi syndrome and chronic plantar fasciitis. Treatments to date include injections, therapy and prescription pain medications. The injured worker continues to experience right ankle pain with swelling. Upon examination, tenderness was noted on the right lateral ankle overlying the peroneus tendons. Bilateral sinus tarsi syndrome was noted. No swelling was noted. The foot orthoses are in good repair. A request for a 2nd pair of orthotics was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Pair of Orthotics: Upheld

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

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

Decision rationale: According to the MTUS "rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." According to the medical record, this worker has the diagnosis of chronic plantar fasciitis with associated pain as well as bilateral sinus tarsi syndrome and associated pain. Per the MTUS guidelines orthotics are appropriate. It is reported that she already has a pair of orthotics that are in good repair but she desires a second pair so that she can have a pair to leave in her work shoes and another pair to wear outside of work. Certainly a second pair of orthotics would be convenient but are not medically necessary since she already has a pair in good condition. The request is not medically necessary.