
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

IMR Case Number:	CM13-0010938	Date of Injury:	05/13/2013
Claims Number:	[REDACTED]	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/14/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED], DPM		
Treatment(s) in Dispute Listed on IMR Application:	"Vicoden, DME: Replacement Orthotics (L3020 x 2 & 29799 x 2)"		

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Podiatric Surgery and is licensed to practice in New York. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The enclosed documents reveal that this patient underwent ESWT left foot for chronic painful plantar fasciitis left on 5-7-2009 and ESWT right for chronic painful plantar fasciitis right on 3-31-2009. The patient was followed by his podiatrist post procedurally on numerous occasions. The progress notes report moderate relief of heel and arch pain over the ensuing months. Each note states that the pt is doing "a little bit better than in the past." Each note also advises that he is taking Vicodin 5 mg qhs or 1/2 in am and 1/2 in pm. The most recent note enclosed in the chart is from 2-11-2012 and states that the exam shows "mild tenderness with palpation in the arch bilaterally. Orthotics deteriorated." Replacement orthotics and Vicodin 5mg qhs were recommended.

IMR DECISION(S) AND RATIONALE(S)

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

1. Replacement orthotics (L3020 x 2 and 29799 x 2) is medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 14, Ankel and Foot Complaints, page 371, which is part of the MTUS and the Official Disability Guidelines, Foot and Ankle Chapter, Orthotic devices, Work, Causality determination, and Hawke, F. Burns, J. Radford, JA., du Toit, V., "Custom-made foot orthoses for the treatment of foot pain.", Cochroane Catabase Syst Rev. 2008 Jul 16;(3): CD006801, which are not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), chapter 14, pages 369, 370,371, 376, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Table 14-3 from the MTUS guidelines advises that a heel donut, soft supportive shoes and rigid orthotics may be used for symptom control for foot and ankle complaints. Pg. 371 of the MTUS guidelines advises that 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. It is well accepted in the medical community that orthotics do "deteriorate" and or "break down" over time, and need to be replaced.

2. Vicodin 5mg, qhs is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Opioids for chronic pain, pages, 80-82, which is part of the MTUS and the Official Disability Guidelines, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), chapter 14, pages 369-376, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS guidelines advise that, comfort is often a patient's first concern. Nonprescription analgesics, short term non-weight bearing, cold application and elevation will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (e.g., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added. Comorbid conditions, side effects, cost, and provider and patient preferences guide the clinician's choice of recommendations. Table 14-6 advises that Acetaminophen and NSAIDS are recommended for plantar fasciitis, and that a "short course of opioids" are optional. "Use of opioids for more that 2 weeks" is NOT recommended.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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[REDACTED]

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