

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/21/2013
Date of Injury: 2/8/2006
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0003968

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 bilateral foot orthoses **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 4 units of plaster splints **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 supportive athletic shoe gear **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 slipper/impression casting procedure **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 bilateral foot orthoses **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 4 units of plaster splints **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 supportive athletic shoe gear **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 slipper/impression casting procedure **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Podiatrist and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

According to the enclosed information this patient was seen July 31, 2006 for foot pain caused by an injury. The diagnosis given is plantar fasciitis bi-lateral. The recommended treatments are custom molded orthotics and depth shoes. The records show that this patient has been followed by a podiatrist numerous times over the past many years, and has undergone treatments for her plantar fasciitis including cortisone injections, stretching exercises, orthotics, extracorporeal shock wave therapy (ESWT), and shoe modifications. It is noted that she takes Vicodin for the pain. On January 7, 2013 the podiatrist advises that endoscopic plantar fasciotomy may be necessary to alleviate the pt's pain, but she would like to try conservative methods including new orthotics, cortisone injections, and a night splint. The following was requested on January 7, 2013 by the patients podiatrist: prospective request for 1 foot orthoses, prospective request for 1 new supportive shoe gear, prospective request for 1 prescriptin of Vicodin 5/500mg #60. On May 20, 2013 and July 1, 2013 the progress note indicated the podiatrist recommended an EPF, but conservative care was to be continued. On July 17, 2013 the progress note indicated current orthotics are no longer functioning properly. Coverage of orthotics and supportive shoes have been denied by the health plan.

Documents Reviewed for Determination:

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

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 1 bilateral foot orthoses :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 14 (Ankle and Foot Complaints) (2004), pg. 371, which is a part of the MTUS. Also cited is the Official Disability Guidelines, Ankle & Foot (Acute & Chronic), which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), Physical Methods, pg. 370-371, which is a part of the MTUS.

Rationale for the Decision:

It is well established in the progress notes provided for review that this employee suffers with painful bilateral plantar fasciitis. The MTUS guidelines state 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. The guidelines further state that a heel donut, soft supportive shoes, and rigid orthotics are acceptable treatments for plantar fasciitis. **The requests for bilateral foot orthoses is medically necessary and appropriate.**

2) Regarding the request for 4 units of plaster splints :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), Physical Methods, pg. 370-371, which is a part of the MTUS.

Rationale for the Decision:

The reviewed records indicate this employee was seen July 31, 2006 for foot pain caused by an injury. The diagnosis given is plantar fasciitis BL. The recommended treatments are custom molded orthotics and depth shoes. The records show that this employee has been followed by a podiatrist numerous

times over the past many years, and has undergone treatments for plantar fasciitis including cortisone injections, stretching exercises, orthotics, ESWT, and shoe modifications. It is noted that the employee takes Vicodin for the pain. On 1-7-2013 the podiatrist advised that endoscopic plantar fasciotomy may be necessary to alleviate the employee's pain, but would like to try conservative methods including new orthotics, cortisone injections, and a night splint. The MTUS guidelines state 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. The guidelines further state that a heel donut, soft supportive shoes, and rigid orthotics are acceptable treatments for plantar fasciitis. In order to create custom rigid orthotics, 4 units of plaster splints are necessary. **The request for 4 units of plaster splints is medically necessary and appropriate.**

3) Regarding the request for 1 supportive athletic shoe gear :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), Physical Methods, pg. 370-371, which is a part of the MTUS.

Rationale for the Decision:

The MTUS guidelines states 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. The guidelines further state that soft supportive shoes, and rigid orthotics are acceptable treatments for plantar faciitis. **The request for 1 supportive athletic shoe gear is medically necessary and appropriate.**

4) Regarding the request for 1 slipper/impression casting procedure:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines Ankle & Foot, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), Physical Methods, pg. 370-371, which is a part of the MTUS.

Rationale for the Decision:

The MTUS guidelines state 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. The guidelines further state that a heel donut, soft supportive shoes, and rigid orthotics are acceptable treatments for plantar fasciitis. In order to create custom rigid orthotics, **aError! Reference source not found.** is necessary. **The request for 1 slipper/impression casting procedure is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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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.