

Case Number:	CM14-0145003		
Date Assigned:	09/12/2014	Date of Injury:	12/03/2011
Decision Date:	10/06/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Podiatric 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the enclosed information, the original date of injury for this patient was 12/3/2011. At that time a pallet fell on the pt's left foot causing injury. On 5/23/2012 the pt underwent MRI evaluation of the left foot which revealed tendinopathy of the left posterior tibial tendon. Also noted was fluid in the space between the tibia and fibula. On 1/15/2014 patient underwent lower extremity electrodiagnostic studies which were read as normal. On 3/3/2014 the patient indicated to the physician that they had pain to the left foot. Physical exam revealed tenderness upon palpation to the posterior tibial tendon left side. Sensation was noted to be intact bilateral lower extremity. On 5/7/2014 patient was again evaluated for left foot pain rated at 5 - 6/10. Documentation reveals that patient has been treated with acupuncture and electrical stimulation, which has alleviated some of patient's pain. On 6/18/2014 patient was evaluated by a pain specialist. Physical exam reveals severe tenderness upon palpation to the plantar fascia as well as Achilles tendon. Diagnoses include ankle sprain, plantar fasciitis, ankle contusion, and left Achilles tendinitis. It is recommended that patient be casted for a pair of custom orthotics to offload the plantar fascia. On 6/19/2014 patient was evaluated by an orthopedic surgeon who also recommended custom orthotics, and placed recommendation and order for a pair for patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotic Shoe: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter

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

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the request for orthotics is medically reasonable and necessary for this patient at this time. 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. This patient does indeed have a diagnosis of painful plantar fasciitis and would most probably benefit from a pair of custom orthotics to alleviate pressure from the painful area and plantar fascia. Therefore, the medical necessity for Orthotic Shoe has been established.