

Case Number:	CM14-0206921		
Date Assigned:	12/18/2014	Date of Injury:	11/21/2000
Decision Date:	12/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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, New York
 Certification(s)/Specialty: Podiatrist

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/female, who sustained an industrial injury on 11-21-2000. The injured worker is undergoing treatment for: bilateral heel pain, plantar fasciitis bilateral. On 10-1-13 and 9-3-14, she reported pain to bilateral heels with right being worse than the left. She indicated her orthotics are worn out. The provider noted she had last been seen in October 2013 and was given an injection at that visit. She reported that her pain recently returned and rated it 7-8 out of 10. She indicated she had not gotten replacement orthotics since her last visit. Objective findings revealed deep tender induration of the right heel, pain is elicited with palpation of the plantar medial calcaneal tubercle, and ankle joint dorsiflexion is noted at zero degrees, no noted foot or ankle deformities. The treatment and diagnostic testing to date has included: medications, orthotics, cortisone injections, night splints, and multiple sessions of physical therapy, lidocaine injection to right plantar fascia (9-3-14). Medications have included: meloxicam. Current work status: full duty. The request for authorization is for: custom molded orthotics (one pair) for bilateral feet. The UR dated 11-20-2014: non-certified the request for custom molded orthotics (one pair) for bilateral feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom molded orthotics (1 pair) Bilateral Feet: Upheld

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: Orthotic devices.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach, Physical Methods.

Decision rationale: MTUS page 371, states that orthotics are indicated in the management of this injured worker's condition. Prescription, bilateral, custom molded foot orthotics, were previously prescribed for this injured worker. The record has no mention of positive outcome, from the use of custom molded foot orthotics. The record has no evidence of functional improvement through an extended period of orthotic use. There is statement that the injured worker's orthotics are excessively worn. The record is without a supportive objective account of the injured worker's orthosis. A supported rationale for the requested procedure has not been provided. If treatment is indicated, the treatment should be explained and the possible benefits of the treatment must be substantiated by the record. As per MTUS page 376, Table 14-6. Methods of Symptom Control for Ankle and Foot Complaints, a good functional result is the goal of treatment. The requested treatment custom molded orthotics (one pair) for bilateral feet, have been previously prescribed for treatment and a functional improvement of this injured worker's bilateral, plantar fasciitis is not recorded. Custom molded orthotics (one pair) for bilateral feet, cannot be certified as beneficial or medically necessary.