

<b>Case Number:</b>	CM13-0016588		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Orthopedic Surgery 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 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. 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:

██████████ is a 52-year-old female who reportedly suffered a vocational related injury on 03/27/02. The records were submitted to determine the medical necessity of requested an orthotic for plantar fasciitis. The records reflect that she has continued to have persistent pain in her right ankle following vocational related injury. Radiographs suggested the possibility of an avulsion fracture. A more recent MRI scan showed an irregularity at the end of the distal fibula, but also revealed evidence of plantar fascial pain. The treating physician's note from June 2013 suggested that in light of her persistent pain complaints and use of anti-inflammatories, she may benefit from an orthotic for her persistent plantar fascial pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right ankle orthotic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

**Decision rationale:** The California MTUS ACOEM guidelines would support the use of orthotics for plantar fascial pain that is refractory to all reasonable forms of conservative care recognizing that the overwhelming majority of individuals will satisfactorily respond to conservative measures, including medical management, activity modification, and a vigorous course of therapy. In the treating physician's prescribing note from June of 2013, there does not appear to be any evidence that this patient has had a vigorous course of physical therapy, which would be the centerpiece of treatment for plantar fascial pain. As such, in the absence of failure of more traditional measures, it would not appear to be reasonable or medically necessary at this point to support the recommended treatment of orthotics in this setting.