

<b>Case Number:</b>	CM13-0017470		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/22/2005
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Podiatry 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 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:

The patient is a 47-year-old male who reported an injury on 06/22/2005. The mechanism of injury was not provided for review. The patient's previous treatments included physical therapy and orthotics. The patient's most recent clinical examination revealed tenderness with palpation and range of motion to the first metatarsal joint. It is noted that the patient's old orthotics showed considerable wear and tear. The patient's diagnoses included plantar fasciitis and a back sprain. The patient's treatment plan included placement of the patient's orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) custom orthotics:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Orthotic devices

**Decision rationale:** The MTUS/ACOEM Guidelines support the use of orthotics for the diagnosis of plantar fasciitis. The Official Disability Guidelines recommend the use of semi

rigid custom orthotics over the long term for plantar fasciitis. The clinical documentation submitted for review indicates that the patient has a diagnosis of plantar fasciitis. However, the most recent evaluation does not provide any physical deficits that would benefit from continued use of the requested orthotics. Additionally, the Official Disability Guidelines recommend custom-made foot orthotics for rear foot pain. There is no recent documentation that the patient has rear foot pain that would benefit from this treatment modality. The clinical documentation submitted for review does not provide any evidence of significant functional benefit as a result of the previous orthotics. Therefore, continued use would not be indicated. As such, the requested custom orthotics would not be medically necessary or appropriate.

**One (1) casting of feet for orthotics:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Orthotic devices.

**Decision rationale:** The MTUS/ACOEM Guidelines support the use of orthotics for the diagnosis of plantar fasciitis. The Official Disability Guidelines recommend the use of semi rigid custom orthotics over the long term for plantar fasciitis. The clinical documentation submitted for review indicates that the patient has a diagnosis of plantar fasciitis. However, the most recent evaluation does not provide any physical deficits that would benefit from continued use of the requested orthotics. Additionally, the Official Disability Guidelines recommend custom-made foot orthotics for rear foot pain. There is no recent documentation that the patient has rear foot pain that would benefit from this treatment modality. The clinical documentation submitted for review does not provide any evidence of significant functional benefit as a result of the previous orthotics. Therefore, continued use would not be indicated. As such, the requested casting of feet for orthotics would not be medically necessary or appropriate.