

<b>Case Number:</b>	CM13-0031190		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/04/2005
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Podiatric Surgery 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 3/4/2005. It is noted that on 6/16/2009 this patient underwent left foot release of medial and central bands a plantar fascia as well as release of medial plantar abductor hallucis. On 5/3/2013 the patient presented to her podiatrist for evaluation of left heel and arch pain. Physical exam revealed pain upon palpation to the plantar medial aspect of the left heel, central arch, and central plantar heel. The progress note advises that patient currently has two pair of orthotics, however one pair has worn out. The replacement pair of orthotics has been authorized, however a second pair has been requested. The replacement codes for the second pair are noted as L 3000 X 2, L 2820 X 2, L 2275 X 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SECOND PAIR OF CUSTOM ORTHOTIC FOOT BRACES (L3000 X 2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

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

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS and ODG guidelines for this case, it is my feeling that the decision for SECOND PAIR OF CUSTOM ORTHOTIC FOOT BRACES (L3000 X 2) is not medically reasonable or necessary at this time. It is well-established that this patient is suffering with plantar fasciitis left foot. She has been treated appropriately with a pair of orthotics. Both ODG and MTUS guidelines state that plantar fasciitis may be treated with rigid orthotics. They do not, however, state that a patient is entitled to a second pair of orthotics. A second pair of orthotics, in my opinion, is not medically reasonable or necessary.

**SECOND PAIR OF CUSTOM ORTHOTIC FOOT BRACES (L2820 X 2):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

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

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS and ODG guidelines for this case, the decision for a second pair of custom orthotic foot braces (L2820 x 2) is not medically necessary at this time. It is well-established that this patient is suffering with plantar fasciitis left foot. She has been treated appropriately with a pair of orthotics. Both ODG and MTUS guidelines state that plantar fasciitis may be treated with rigid orthotics. They do not, however, state that a patient is entitled to a second pair of orthotics. A second pair of orthotics, in my opinion, is not medically reasonable or necessary. Additionally, code L2820 pertains to a soft interface for molded plastic. There is no information in the enclosed progress notes that state that this patient requires an ankle foot orthosis (AFO), nor does this patient suffer with a drop foot. As such the request is not medically necessary.

**SECOND PAIR OF CUSTOM ORTHOTIC FOOT BRACES (L2275 X 2):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); ankle and foot section.

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS and ODG guidelines for this case, the decision for a second pair of custom orthotic foot braces (L2275 X 2) is not medically reasonable or necessary at this time. It is well-established that this patient is suffering with plantar fasciitis left foot. She has been treated appropriately with a pair of orthotics. Both ODG and MTUS guidelines state that plantar fasciitis may be treated with rigid orthotics. They do not, however, state that a patient is entitled to a second pair of orthotics. A second pair of orthotics is not medically necessary. Additionally, code L2275 pertains to addition to lower extremity, varus/valgus correction, plastic modification, padded/lined. There is

no information in the enclosed progress notes that state that this patient requires an ankle foot orthoses (AFO), nor does this patient suffer with a drop foot. As such the request is not medically necessary.