

<b>Case Number:</b>	CM13-0039683		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 8/24/2011. According to the enclosed progress notes, this patient has diagnoses of sinus tarsi, plantar fasciitis, cuboid syndrome, peroneal tendonitis, and degenerative joint disease. He has been treated with custom orthotics, topical pain gel, oral anti-inflammatories, as well as physical therapy. On 3/26/2013 it was requested that he have his current orthotics refurbished with a new top cover that extends to the distal toes. On 6/3/2013 patient states that his feet are feeling better grades his pain at 2/10. He presents for evaluation and dispensing of new orthotics with a neoprene top cover. Patient states that the orthotics fit well. On 8/27/2013 the patient was again evaluated by his podiatrist. It is noted that his plantar fasciitis is responding to orthotic therapy. It is also noted in the chart that the podiatrist will be ordering a second pair of orthotics for the patient. There is no clinical reason given for this order or recommendation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Pair of 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 (ODG)

**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, the request for one pair of orthotics is not medically reasonable or necessary for this patient at this time. The MTUS guidelines do in fact state that orthotic therapy may be used to treat fasciitis. This patient does indeed have a diagnosis of fasciitis and is being treated with orthotics. The chart note dated 6/3/2013 states that the patient was dispensed a new pair of orthotics with a neoprene top cover. It is noted that they feel comfortable and fit well for the patient. There is no clinical reason given as to why the patient was recommended to have a second pair of orthotics. The first pair of orthotics dispensed in early June appears to be doing well for the patient. There are no MTUS guidelines that state that a second pair of orthotics is recommended for patients for the treatment of fasciitis, therefore the request is not medically necessary.