

<b>Case Number:</b>	CM13-0046366		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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 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:

On 9-26-2013, this patient was evaluated by her physician for foot pain. The subjective information reveals that this patient has had ESWT to BL feet with good results. Patient is still having minor pain to BL plantar fascia. Objectively it is noted that this patient has pain with palpation to the plantar fascia BL, and a diagnosis of plantar fasciitis is made. The physician has recommended custom orthotics for the plantar fasciitis. Prior progress notes advise that this patient has been treated with NSAIDS and local steroid injections for her plantar fasciitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for custom orthotics:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376.

**Decision rationale:** After careful review of the enclosed information and the MTUS coverage criteria for custom orthotics, it is my opinion that the requested custom orthotics are medically reasonable and necessary for this patient's condition. The MTUS guidelines states that rigid (custom) orthotics are recommended for the treatment of plantar fasciitis. This patient has a

confirmed diagnosis of plantar fasciitis, which incidentally has been unresponsive to NSAIDS, local steroid injection to heel, and ESWT.