

<b>Case Number:</b>	CM13-0061157		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/21/2000
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 61-year-old female who has submitted a claim for chronic plantar fasciitis with foot pain, chronic bilateral leg pain with history of fibromyalgia, bilateral foot pain and ankle weakness, and left hip pain with IT band symptoms, associated with an industrial injury date of August 21, 2000. The medical records from 2003 through 2014 were reviewed, which showed that the patient complained of bilateral foot pain. On the physical examination, there was tenderness of the plantar aspect of both feet along the plantar fascia and medial calcaneal tubercle. She exhibited a tight gastrocnemius and heel cord with bilateral dorsiflexion contracture. Ankle dorsiflexion, plantar flexion, and feet inversion and eversion were limited. There was also weakness of the extensor hallucis longus and peroneals on the left. There was mildly positive MT squeeze bilaterally. The treatment to date has included medications, right shoulder arthroscopy, physical therapy, aquatic therapy, home exercise program, foot orthotics (since 2001), lumbar injection, and an unknown number of manual therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Chiropractic Treatment for The Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** According to page 58 of the CA MTUS Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation is recommended as an option for low back pain and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks is supported. However, elective or maintenance care is not medically necessary. In this case, chiropractic care was requested to decrease radicular pain. However, the medical records showed that the patient underwent previous chiropractic treatment with no documentation of functional improvement. The continued chiropractic treatment without evidence of functional gains is not supported. Therefore, the request for 6 chiropractic treatment for the lumbar spine is not medically necessary.

**Replacement Orthotics:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** According to page 371 of the ACOEM Practice Guidelines, rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. In this case, the patient presented with signs and symptoms consistent with plantar fasciitis. Replacement orthotics were requested because the patient's luggage containing her previous orthotics was either lost or stolen. The medical records showed that the patient's orthotics were proven to be significantly helpful in terms of pain relief, such that bilateral plantar fascia injections were avoided. The functional benefits with the use of orthotics have thus been established. Therefore, the request for replacement orthotics is medically necessary.