

<b>Case Number:</b>	CM14-0176328		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 29 year old male with an injury date on 10/04/2012. Based on the 10/07/2014 progress report provided by [REDACTED], the diagnoses are: 1. Pain in joint, ankle and foot 2. Pain in soft tissue of limb 3. Plantar fascial fibromatosis. According to this report, the patient complains of left heel pain. Orthopedic exam reveals "normal with pain to the left heel to direct palpation to the heel central and medial." Patient has "received 2 'injections' and post 1st he felt better however post 2nd inj (received 8 months ago) he heels hurt more than ever." There were no other significant findings noted on this report. The utilization review denied the request on 10/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/06/2014 to 10/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ankle/foot orthosis:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, [www.odg-twc.com](http://www.odg-twc.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) foot orthosis: (<http://www.odg-twc.com/odgtwc/ankle.htm>)

**Decision rationale:** According to the 10/07/2014 report this patient presents with heel pain. The treater is requesting Ankle/foot orthosis. The MTUS guidelines do not address orthotics. However, the ODG guidelines do recommend orthotic device for plantar fasciitis and for foot pain in rheumatoid arthritis. "Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome)." ODG supports orthoses for plantar fasciitis, foot pain from rheumatoid arthritis and possibly ankle sprains. In this case, the patient does present with "Plantar fascial fibromatosis;" therefore, the request is medically necessary.

**x2 Orthotics:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, [www.odg-twc.com](http://www.odg-twc.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) foot orthosis, <http://www.odg-twc.com/odgtwc/ankle.htm>)

**Decision rationale:** The treater is requesting x2 Orthotics. The MTUS guidelines do not address orthotics. However, the ODG guidelines do recommend orthotic device for plantar fasciitis and for foot pain in rheumatoid arthritis. "Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome)." ODG supports orthoses for plantar fasciitis, foot pain from rheumatoid arthritis and possibly ankle sprains. In this case, the patient does present with "Plantar fascial fibromatosis," a request for an orthotic appears reasonable. However the request is for "x2 Orthotics" which is not defined. The treater does not explain what the request is. The patient is recommended for "foot/ankle" orthosis, and this additional request for Orthotics x2 does not appear reasonable. Request is not medically necessary.

**Cortisone Injection:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle chapter under injection (corticosteroid)

**Decision rationale:** The treater is requesting Cortisone Injection. Regarding Cortisone Injections: ODG Guidelines state: "Not recommended for tendonitis or Morton's Neuroma. And not recommend intra-articular corticosteroids, under study for heel pain. See specific indications below. Heel pain (plantar fasciitis): Under study. There is no evidence for the effectiveness of injected corticosteroid therapy for reducing plantar heel pain." The treater does not indicate what this cortisone injection is for. However, there does not appear to be much support in ODG for any cortisone injection for foot/ankle. Request is not medically necessary.

