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| <b>Case Number:</b>   | CM14-0023062 |                              |            |
| <b>Date Assigned:</b> | 06/11/2014   | <b>Date of Injury:</b>       | 06/16/2006 |
| <b>Decision Date:</b> | 10/27/2014   | <b>UR Denial Date:</b>       | 02/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/24/2014 |

### 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 licensed in Podiatry 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:

The original date of injury for this patient was 6/16/2006. According to the enclosed progress notes, this patient was evaluated on 2/4/14 for evaluation of right heel pain. The pain apparently gets worse when patient is walking and standing. Prior treatments have included custom orthotics, physical therapy, anti-inflammatory medication, cortisone injections, and PRP injections. These have not alleviated his pain completely. Physical exam reveals neurovascular status intact, right muscle strength graded at 5/5, negative edema, and positive point tenderness to the plantar right heel. Limited first MPJ range of motion is also noted. Diagnoses of plantar fasciitis and hallux limitus were made, and treatment plan consisted of requested authorization for new custom orthotics. The podiatrist may consider surgical correction if new orthotics do not alleviate pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CUSTOM MOLDED ORTHOTICS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

**Decision rationale:** The enclosed information and the pertinent MTUS guidelines for this case, it determined that the decision for custom molded orthotics for this patient is medically reasonable and necessary for this patient according to the guidelines. The MTUS guidelines, chapter 14, pages 370, 371 state that orthotic therapy is recommended for patients with plantar fasciitis. This patient does indeed have a diagnosis of plantar fasciitis. The request is medically necessary and appropriate.