

<b>Case Number:</b>	CM14-0177854		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	06/21/2002
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Family Medicine 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:

This is a 48-years female patient who sustained an injury on 6/21/2002. The current diagnoses include lumbar discopathy/facet arthropathy and bilateral plantar fasciitis. Per the doctor's note dated 9/3/14, she had complaints of bilateral knee and feet pain. The physical examination revealed bilateral knee- tenderness in the anterior joint line, positive patellar grind test, positive McMurray's test, and pain with terminal flexion; bilateral feet- pain and tenderness in the plantar aspect and heels consistent with plantar fasciitis and pain with forced dorsiflexion of the feet. The medications list includes tramadol, Ondansetron, omeprazole, cyclobenzaprine and Voltaren. She has had cervical MRI which revealed multilevel disc disease; MRI lumbar spine dated 11/15/2007 which revealed no evidence of central or foraminal stenosis. She had undergone right knee arthroscopy and left knee arthroscopy with repair of internal derangement. Other therapy for this injury was not specified in the records provided. She had orthotics which were worn out.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotics For The Bilateral Feet - Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Procedure Summary

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

**Decision rationale:** Per the ACOEM guidelines cited below "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. Patient is having diagnosis of bilateral plantar fasciitis. She had orthotics which were worn out. Per the cited guidelines orthotics are recommended for plantar fasciitis. However, response to the previous orthotics is not specified in the records provided. Evidence of functional improvement with the previous orthotics is not specified in the records provided. The Orthotics for the Bilateral Feet Purchase is not medically necessary.