

<b>Case Number:</b>	CM14-0194525		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 51 year old male with an injury date on 11/7/12. The patient complains of bilateral foot pain with a long history of bilateral plantar fasciitis per 10/6/14 report. The patient has noticed improvement lately with physical therapy, stretching exercises, and the new orthotics that are in his shoes per 10/6/14 report. The patient reports ongoing discomfort especially in his work boots at work per 8/26/14 report. The patient is doing well, is not limited in any of his activities, but still has pain sometimes in his work boots per 10/6/14 report. Based on the 10/6/14 progress report provided by the treating physician, the diagnosis is plantar fasciitis improved. A physical exam on 10/6/14 showed no swelling in plantar fascial origin. Loose plantar fascial with good extension of his toes and great motion at the ankle. Full ankle range of motion and full subtalar motion. Normal gait. The patient's treatment history includes medications, orthotics, home exercise program. The treating physician is requesting remaining 1 pair of bilateral custom cushioned orthotics with heel pad. The utilization review determination being challenged is dated 11/4/14 and modifies request to 1 pair (in addition to previously authorized request, for a total of 2 pairs as the patient is a fireman who has a pair of boots for work, and a pair for personal use). The requesting physician provided treatment reports from 4/17/14 to 10/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Remaining 1 pair of bilateral custom cushioned orthotics with heal pad:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter - Orthotics

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation foot/ankle chapter, orthotics devices

**Decision rationale:** This patient presents with pain in bilateral feet. The treater has asked for REMAINING 1 PAIR OF BILATERAL CUSTOM CUSHIONED ORTHOTICS WITH HEEL PAD on 10/24/14. Regarding shoe inserts and orthotic shoes for low back pain, ODG guidelines Foot/ankle chapter, under orthotic devices states, "Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. See also Prostheses (artificial limb). Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). (Thomas, 2010) Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. (Crawford, 2003) As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone." In this case, the patient has a diagnosis of plantar fasciitis. The patient, however, already has a pair of bilateral cushioned orthotics previously authorized per utilization review letter dated 11/4/14. The treater does not explain the necessity for another 2 pairs of custom made orthotics, in addition to the previously authorized pair. The request IS NOT medically necessary.