Case Number:	CM14-0067019		
Date Assigned:	07/11/2014	**Date of Injury:**	04/08/2010
Decision Date:	01/02/2015	**UR Denial Date:**	04/15/2014
Priority:	Standard	**Application Received:**	05/12/2014

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 Oesteopathic Family Practice 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:

According to the medical records, the patient is a 52-year-old female who sustained an industrial injury on April 8, 2010. According to a March 6, 2014 report, she injured her left heel while pulling a pallet loaded with dog food. The patient received physical therapy for one year and continued working light duty. She developed pain in her heels one working on light duty. An orthopedic evaluation revealed stress fracture of the right foot and she was placed in a cast. The patient also reports developing lower back pain with radiation as a result of unloading freights. Her current complaints consisted of low back pain with radiation to the bilateral lower extremities and bilateral foot pain. The patient reports developing foot pain from prolonged standing at work. She has difficulty getting out of bed in the morning and standing because of calcaneal pain. She was diagnosed with lumbar disc protrusion with L5 radiculopathy and bilateral plantar fasciitis. Recommendation was made for chiropractic treatments and orthotics.Utilization review on April 15, 2014 denied the request for orthotics. It was noted that in August 2010 orthotics were authorized. However, there was no indication whether the claimant ever received orthotics, and if so, the response to the use of these orthotics. Request for IMR has specified that the request is for orthotic shoes, and not inserts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of custom orthotic shoes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Ankle/Foot, Web Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Orthotic devices, Mechanical treatment (taping/orthoses)

Decision rationale: The request for custom orthotic shoes is not supported. The records indicate that the custom orthotic shoes are requested for plantar fasciitis. References state that orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. References also state that evidence indicates mechanical treatment with taping and orthoses to be more effective than either anti-inflammatory or accommodative modalities in the treatment of plantar fasciitis. In this case, it is noted that orthotics have been previously authorized. With regards to shoes, references state that " Rocker profile shoes are commonly prescribed based on theoretical considerations with minimal scientific study and validation. Rocker profiles are used to afford pressure relief for the plantar surface of the foot, to limit the need for sagittal plane motion in the joints of the foot and to alter gait kinetics and kinematics in proximal joints. In this review, efficacy has not been demonstrated. The effectiveness of rocker-soled shoes in restricting sagittal plane motion in individual joints of the foot is unclear. Rocker profiles have minimal effect on the kinetics and kinematics of the more proximal joints of the lower limb, but more significant effects are seen at the ankle. Given that orthotic shoes are not supported for the treatment of plantar fasciitis, this request is not medically necessary.