

<b>Case Number:</b>	CM15-0006986		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/30/2000
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 & Rehabilitation

### 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 injured worker is a 53 year old female, who sustained an industrial injury on 4/30/2000. On 1/13/15, the injured worker submitted an application for IMR for review of the purchase of two pair orthotics (One for dress shoes and one for athletic shoes) for both feet as an outpatient. The treating provider has reported the injured worker was last seen almost four-and -a-half years ago and now "orthotics are clearly showing complete wearing out, no longer functioning like they were." The diagnoses have included plantar fascial fibromatosis, bilateral plantar fasciitis. Treatment to date as related in the provider's submitted note was a spinal fusion. On 12/30/14 Utilization Review non-certified the purchase of two pair orthotics (One for dress shoes and one for athletic shoes) for both feet as an outpatient, noting the ACOEM Guidelines Ankle and Foot; Table 2, Summary of Recommendations, Ankle and Foot Disorders were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 purchase of of two pairs of orthotics (one for dress shoes and one for athletic shoes) for both feet as an outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

**Decision rationale:** The patient presents with pain and weakness in both of her feet. The patient is s/p spinal fusion in 2010. The request is for 2 purchase of two pairs of orthotics cone "one for dress shoes and one for athletic shoes" for both feet as an outpatient. The 11/17/14 progress report indicates that the patient has had orthotics since 2010 secondary to spinal fusion and "her orthotics are clearly showing complete wearing out, no longer functioning like they were. The dress orthotics are completely worn out." The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under ankle and foot chapter regarding orthotic devices states that it is recommended for plantar fasciitis and forefoot pain in rheumatoid arthritis. ODG also states, "Both prefabricated and custom orthotic devices are recommended for plantar heel pain, plantar fasciitis, plantar fasciosis, heel-spur syndrome. Orthosis 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 orthosis in people who stand for more than eight hours per day." In this case, this patient's diagnosis is bilateral plantar fasciitis. Orthopedic examination shows pain to palpation on the medial and central bands of the plantar fasciitis. The patient does meet the required criteria by ODG for orthotic devices. The request IS medically necessary.