

<b>Case Number:</b>	CM15-0134288		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 67-year-old female patient who sustained an industrial injury on 01/14/14. She reported left ankle injury status post fall. The diagnosis includes an ankle sprain. Per the doctor's note dated 6/3/2015, she had complains of persistent pain in toes and foot for months. The pain is increased with walking or standing. The medications list includes topical analgesic creams. She has had EMG/NCS left lower extremity dated 5/11/2015 with normal findings. She has had physical therapy, and injections for this injury. The injured worker's status is reported to remain off work. Date of Utilization Review: 06/11/15. Requested treatments include bilateral orthotics for plantar fasciitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral orthotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014, Ankle & Foot/Orthotic devices (updated 03/26/15).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot (updated 06/22/15), Orthotic devices.

**Decision rationale:** Bilateral orthotics, Per the ACOEM guidelines "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." In addition per the cited guidelines orthotic devices are "Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis." Detailed physical examination of the bilateral foot supporting diagnosis of plantar fasciitis or metatarsalgia or rheumatoid arthritis is not specified in the records provided. Response to oral anti-inflammatory medications is not specified in the records provided. Significant objective findings in the right foot/ ankle were not specified in the records provided. Significant limb abnormalities that would require BILATERAL feet orthotics are not specified in the records provided. The medical necessity of Bilateral orthotics is not fully established for this patient at this juncture. The request is not medically necessary.