

<b>Case Number:</b>	CM15-0199968		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Florida  
Certification(s)/Specialty: Neurology, Pain Management

### 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 36 year old who sustained an industrial injury on 11-8-13. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker reported left foot discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for plantar fasciitis. Medical records dated 9-8-15 indicated left foot Provider documentation dated 9-8-15 did not note the work status. Treatment has included physical therapy. Objective findings dated 9-8-15 were illegible. The original utilization review (9-15-15) denied a request for Orthotics, right and left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotics, right and left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle/foot, orthotic.

**Decision rationale:** The medical records report foot pain with a reported condition of plantar fasciitis. There is no documentation of arthritis or ligament instability. ODG guidelines support orthotics for joint instability or sprain/strain. As there is no documentation of these conditions, the medical records do not support use of orthotics at this time. The request is not medically necessary.

