

<b>Case Number:</b>	CM15-0205330		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/20/2011
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, New York  
 Certification(s)/Specialty: Podiatrist

### 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 52-year-old female who sustained an industrial injury on 8-20-11. The injured worker reported foot discomfort. Of note, several documents within the submitted medical records are difficult to decipher. A review of the medical records indicates that the injured worker is undergoing treatments for cervical disc displacement, lumbar lumbosacral disc degeneration and plantar fasciitis. Provider documentation dated 9-15-15 noted the work status as return to modified work. Treatment has included Tramadol since at least February of 2015 and injection therapy. Objective findings dated 7-28-15 were notable for decreased neck and back range of motion with pain and spasms, August 2015 were documented as "same". The original utilization review (10-2-15) denied a request for Orthotic for plantar fasciitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotic for plantar fasciitis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach, Medical History, Diagnostic Criteria, Physical Methods.

**Decision rationale:** As per Methods of Symptom Control, Ankle & Foot Complaints, Page: 370, Table 14-3, orthotic management is recommended for the treatment of plantar fasciitis. Custom foot orthotics are certified as medically necessary in the management of plantar fasciitis. MTUS: Ankle & Foot Complaints, page 371, indicates, that weight bearing with orthotics often returns function toward normal very quickly. It is not clear from the record if a unilateral or bilateral orthotic device is requested. MTUS guidelines do not endorse the application of bilateral foot orthotics for a unilateral foot condition. The submitted progress report of 7/28/15 makes an unqualified statement of plantar fasciitis, left foot. Mention is made that the injured worker is requested to use sole inserts in her shoes. The record provides no further mention of sole inserts. Per MTUS guidelines, the patient's symptoms are required to be in the injured worker's medical record and to be substantiated with objective endorsement. The record does not include objective evidence of pathology correlating the injured worker's clinical presentation and the requested orthotic/orthotics. The record provides no evidence of diagnostic study as recommended by the MTUS guidelines, page 368. A supported rationale for the requested treatment modality has not been provided. If treatment is indicated to address a lower extremity disorder, the type of treatment should be explained as well as the reasons for the treatment, and the possible benefits of the treatment. As per MTUS guidelines, the requested treatment: Orthotic for plantar fasciitis. is not supported in the record and cannot be certified as medically necessary.