

<b>Case Number:</b>	CM15-0223380		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	08/20/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 40-year-old male, with a reported date of injury of 08-20-2014. The diagnoses include right arch plantar fasciitis, mild bilateral heel plantar fasciitis, and moderately to severely pronated feet. The progress report dated 10-27-2015 indicates that the injured worker had a history of bilateral plantar fasciitis. He stated that his feet were "okay". It was noted that the injured worker's symptoms were controlled with foot orthotics and intermittent walking and standing. The injured worker complained of pressure beneath his heels with prolonged walking and standing. He rated his pain 2 out of 10. An examination of the right ankle showed mild varicosities of the right medial ankle; bilateral dorsalis pedis pulses were grade 3 over 4; posterior tibial pulses were graded 1 over 4; normal sensation in the dorsal and plantar aspect of both feet; normal digital alignment with exception of mild hallux valgus; non-tender to palpation of the toes, metatarsals, or the intermetatarsal spaces; tenderness to palpation of the plantar fascia within the arches; non-tender to palpation of the plantar heels; severely pronated in stance and gait; and ankle joint dorsiflexion at 0 degrees with extended knee. The plan was for the injured worker to return to full-duty work. The progress report dated 08-04-2015 indicates that the injured worker stated that he was able to perform his regular work duty. It was noted that overtime work caused his foot to be uncomfortable. The injured worker rated his pain 1.5 to 2.5 out of 10. The injured worker had greater than 10 degrees of ankle joint dorsiflexion with his knee extended. The medical report dated 04-21-2015 indicates that custom foot orthosis was dispensed. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Ibuprofen and custom orthotics. The request for authorization was dated 10-27-2015. The treating physician requested a second pair of custom orthotics to be left in his work boots while his original pair of orthotics would be used for home activities. On 11-06-2015, Utilization Review (UR) non-certified the request for a second pair of custom orthotics.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Second pair of custom orthotics QTY 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**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 (Acute & Chronic), Orthotic devices.

**Decision rationale:** The claimant sustained a work injury in August 2014. When seen in February 2015 he was being followed up with regard to a history of right arch plantar fasciitis. Custom foot orthotics had been requested in November 2014 and January 2015. He was having increased right foot pain and had fatigue and pain with of his heels bilaterally with prolonged weight-bearing. Physical examination findings included bilateral plantar fascia tenderness within the arches and aching with palpation at the heels. He had moderate to severe pronation. His shoe wear was deformed consistent with hyperpronation. His body mass index was elevated. In March 2015 he was casted for the bilateral foot orthotics which were dispensed in April 2015. When seen in October 2015 his symptoms were controlled with the orthotics and with intermittent walking and standing. He had pain rated at 2/10. He was taking ibuprofen as needed. Unrestricted work was continued. Authorization was requested for a second pair of custom orthotics which could be left in his work boots with the original pair used for home activities. An orthotic can be recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods and stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems. In this case, the claimant has bilateral hyperpronation and bilateral heel pain with findings of plantar fasciitis affecting the arch on the right side. However, he has already been provided with custom orthotics. A second pair is being requested. The orthotics that he already has can be transferred between his footwear. A second pair is not medically necessary.