

<b>Case Number:</b>	CM15-0038908		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 36 year old female, who sustained an industrial injury on 03/19/2014. Initial complaints reported included pain/injury to bilateral feet due to cumulative trauma while standing for long periods. The injured worker was diagnosed as having heel spurs about one and half years after the initial report of injury. The initial diagnoses were not mentioned. Treatment to date has included conservative care, medications, injections, x-rays, and physical therapy. Currently, the injured worker complains of constant aching/burning pain to both feet rated 7/10 in severity. The injured worker reported that the pain was worse with walking or standing, and that the current medications reduce her pain from 10/10 to 6/10. Diagnoses include fasciitis, lumbar strain/sprain, chronic pain and sprain of unspecified site. The treatment plan consisted of 6 additional sessions of physical therapy, awaiting authorization to treat right knee and low back under this claim, blood testing due to chronic use of medications, increase Tylenol #3 medication, replacement custom orthotics, and referral for cognitive behavioral therapy evaluation with 4 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom Orthotics Replacements bilateral feet:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**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 is more than one year status post work-related injury and continues to be treated for bilateral foot pain. She has diagnoses including plantar fasciitis with x-rays showing calcaneal spurring. She uses foot orthotics and replacement is being requested. Use of a foot orthosis can be recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Orthotics are subject to wear and compression and typically require replacement. In this case, they are being prescribed as part of the claimant's ongoing treatment and therefore replacement is medically necessary.