

<b>Case Number:</b>	CM15-0084526		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 71-year-old male, who sustained an industrial injury on 09/24/2013. He has reported injury to the neck, right shoulder, right hip, right knee, and low back. The diagnoses have included lumbar degenerative disc disease; fracture knee, closed; cervical radiculitis; right elbow pain; right hip pain; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, heating pad, cane, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, and home exercise program. Medications have included Naproxen, Gabapentin, and LidoPro cream. A progress note from the treating physician, dated 03/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of increased right lower extremity pain; continued pain in the neck, right shoulder, right elbow, right hip, right knee, and low back; the low back pain radiates to the right lower extremity with numbness and tingling; and he has intermittent pain in the left abdomen. The injured worker reported that acupuncture was helpful in the past, and he continues to use the TENS, heating pad, and topical cream for pain control; and he wishes to continue conservative treatment. Objective findings included tenderness to palpation in the cervical and lumbar spine; uses cane; and right leg appears to be red. The treatment plan has included the request for heel cup.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Heel cup:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, Heel Pads, pages 20-21.

**Decision rationale:** Per Guidelines, there is little information available from trials to support the use of heel pads in the treatment of acute or chronic Achilles tendinitis, but as part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. However, clinical findings per submitted medical reports only relate to lumbar and knee complaints and diagnoses without any reference of any heel or mid-foot deformities or positive testing, consistent for plantar fasciitis. The Heel cup is not medically necessary and appropriate.