

<b>Case Number:</b>	CM15-0089344		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	04/07/2012
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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, 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 51 year old male, who sustained an industrial injury on 04/07/2012. He reported injuries to his feet and ankle, right shoulder, bilateral elbows, forearms, wrists and hand, lower back and knees. According to a progress report dated 10/14/2014, the injured worker complained of pain in the arches and the ball of his feet especially after standing and walking. His ankles were clicking when we walked. He had fallen arches and blisters on his toes. He had difficulty walking and hiking for leisure. Treatment to date has included x-rays and medications. Examination of the heels identified tenderness plantarly and with lateral compression. There was mild tenderness with palpation of the Achilles tendon insertion. There was no tarsal tunnel referred pain. The plantar aspect of both feet were positive for a red scaly skin rash moccasin type on the plantar aspect of both feet, maybe Tinea Pedis, few white distal pulp toe blisters, non infected hypertrophy and thickened great toe nails of both feet. The injured worker ambulated with pain and limp in each position. X-rays were taken of both feet and ankles which revealed decreased calcaneal inclination left greater than right with anterior break in the cyma line, nonspecific degenerative joint disease changes were noted at the subtalar joint and ankle joint with subchondral sclerosis and joint spurs around those joints, plantar calcaneal heel spur right greater than left and no fracture or dislocation. The x-ray report was not submitted for review. Clinical impression included painful feet, plantar fasciitis bilaterally, symptomatic pes planus, metatarsalgia bilaterally, nonspecific degenerative joint disease changes of feet chronic and equinus bilaterally. Treatment recommendations included custom made orthotics with rear foot posts and an added heel lift to accommodate his equines with replacement required every two

years, night splints, physical therapy, possible cortisone injection to his heels and STJ. The provider noted that if standard modalities failed, recommendations would include more shockwave therapy or a trial of Clarix Amnionic/umbilical cord injection. According to a hand written partially legible progress report dated 03/26/2015, the injured worker was seen by a different provider. Treatment request included bilateral foot orthotics. Currently under review is the request for bilateral foot orthotics.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral Foot Orthotics: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot & Ankle Chapter, Orthotics.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Table 14-3, page 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices.

**Decision rationale:** Regarding the request for Bilateral foot orthotics, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is documentation of symptoms and findings consistent with plantar fasciitis. As such, the current request for orthotics is medically necessary.