

<b>Case Number:</b>	CM15-0242089		
<b>Date Assigned:</b>	12/21/2015	<b>Date of Injury:</b>	08/20/2011
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2015

### 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 08-20-2011. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral plantar fascial fibromatosis. Some of the medical records submitted with the review are difficult to decipher. According to the treating physician's progress report on 11-03-2015, the injured worker continues to experience bilateral foot pain. Examination demonstrated decreased range of motion with pain. No objective findings were documented. Prior treatments included medications. Current medications were listed as Tramadol, Naproxen and Prevacid. A urine drug screening performed on 07-28-2015 was negative for Tramadol. Treatment plan consists of the current request for bilateral foot orthotics. On 11-17-2015 the Utilization Review determined the request for bilateral foot orthotics was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral feet orthotics:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter - Ankle and Foot orthosis (AFO).

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

**Decision rationale:** The submitted record is difficult to read but indicates a diagnosis of plantar fasciitis. As per Methods of Symptom Control, Ankle & Foot Complaints, Page: 370-1, Table 14-3, orthotic management is recommended for the treatment of plantar fasciitis. Custom foot orthotics are certified as necessary in the management of plantar fasciitis. It is not clear from the record if a unilateral or bilateral orthotic device is required. MTUS guidelines do not endorse the application of bilateral foot orthotics for a unilateral foot condition. 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 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 the type of treatment should be explained as well as the reasons for the treatment. As per MTUS guidelines, the requested treatment: Bilateral feet orthotics, cannot be certified as medically necessary.