

<b>Case Number:</b>	CM14-0157527		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	05/23/2011
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This worker injured his back and left leg on 5/23/2011 when he stepped on an uneven floor drain guard. He subsequently had left knee surgery on 10/26/2011. He continues to have knee pain. He has received cortisone injections and Supartz injections. He also continues to have back pain and also has right knee and right foot pain. Diagnoses include left knee meniscal tear, status post arthroscopy, post-traumatic osteoarthritis of the left knee, lumbosacral sprain/strain, and right possible calcaneal bone spur. Physical examination revealed tenderness over the right plantar fascia. Authorization is requested for orthotics for bilateral feet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom made orthotics for left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Orthotic Devices

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Ankle and Foot, Topic: Orthotic Devices

**Decision rationale:** According to the ODG orthotics are recommended for plantar fasciitis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. However, 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. One trial comparing pre-fabricated to custom made orthotics for plantar fasciitis revealed similar results. Foot orthoses produce small short-term benefits in function and may also produce small reductions in pain for people with plantar fasciitis, but they do not have long-term beneficial effects compared with a sham device. In this case, foot pain caused by plantar fasciitis, custom orthotics is not medically necessary since prefabricated orthotics would be expected to have at least as good as or better results. Furthermore, there is no report of left foot pain. Bilateral orthotics are not recommended to treat unilateral ankle/foot problems.

**Custom made orthotics for right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Orthotic Devices

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Ankle and Foot, Topic: Orthotic Devices

**Decision rationale:** According to the ODG orthotics are recommended for plantar fasciitis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. However, 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. One trial comparing pre-fabricated to custom made orthotics for plantar fasciitis revealed similar results. Foot orthoses produce small short-term benefits in function and may also produce small reductions in pain for people with plantar fasciitis, but they do not have long-term beneficial effects compared with a sham device. In this case, foot pain caused by plantar fasciitis, custom orthotics is not medically necessary since prefabricated orthotics would be expected to have at least as good as or better results.