

<b>Case Number:</b>	CM15-0120535		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	11/11/2013
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 53 year old male, who sustained an industrial/work injury on 11/11/13. He reported initial complaints of acute pain in the right foot and ankle pain. The injured worker was diagnosed as having plantar fasciitis, posterior tibial tendonitis, and Achilles tendinitis. Treatment to date has included medication, physical therapy, and podiatry. X-Rays results were reported on 4/7/15. Currently, the injured worker complains of right foot and ankle pain. Per the podiatry report on 6/5/15, examination revealed the pin was on the bottom of the foot and inside the ankle with inability to put full weight bearing on the right foot due to pain. Exam noted that the right foot and ankle were neurovascularly intact with no gross static deformity, no pain on range of motion, with tenderness to palpation at the posterior tibial tendon at the medial ankle as well as the medial slip of the right plantar fascia distal to the calcaneal insertion. There was avoidance of heel contact during gait. Current plan of care included orthotics to improve and stabilize gait. The requested treatments include bilateral orthotics (1 pair) for unilateral ankle and foot conditions and bilateral casting (1 set) for unilateral ankle and foot conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral orthotics (1 pair) for unilateral ankle and foot conditions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 372, 376, and 370.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Orthotics.

**Decision rationale:** Pursuant to the Official Disability Guidelines, bilateral orthotics, one pair for unilateral ankle and foot condition is not medically necessary. Orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis and heel spur syndrome). See guidelines for additional details. In this case, the injured worker's working diagnoses are plantar fasciitis; posterior tibial tendinitis; Achilles tendinitis; and job related trauma prior to the above. Subjectively, the injured worker has right foot and right ankle pain. Symptoms involved after the injury to the bottom of the foot. Objectively, the injured worker avoids heel contact and either abducts the foot or walks on toes. The treatment plan recommends custom FFOs to decreased pain, improve and stabilize gate. The injury is limited to the right foot and right ankle. The treating provider as requested bilateral orthotics, one pair for the unilateral ankle and foot condition. There is no clinical rationale for bilateral orthotics to the unilateral right ankle and foot condition. Based on clinical information the medical record, peer-reviewed evidence-based guidelines and absent clinical rationale for bilateral orthotics to the unilateral right ankle, bilateral orthotics, one pair for unilateral ankle and foot condition is not medically necessary.

**Bilateral casting (1 set) for unilateral ankle and foot conditions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 372, 376, and 370.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Orthotics.

**Decision rationale:** Pursuant to the Official Disability Guidelines, bilateral casting, one set for unilateral ankle and foot condition are not medically necessary. Orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis and heel spur syndrome). See guidelines for additional details. In this case, the injured worker's working diagnoses are plantar fasciitis; posterior tibial tendinitis; Achilles tendinitis; and job related trauma prior to the above. Subjectively, the injured worker has right foot and right ankle pain. Symptoms involved after the injury to the bottom of the foot. Objectively, the injured worker avoids heel contact and either abducts the foot or walks on toes. The treatment plan recommends custom FFOs to decreased pain, improve and stabilize gate. The injury is limited to the right foot and right ankle. The treating provider as requested bilateral casting, one pair for the unilateral ankle and foot condition. There is no clinical rationale for bilateral casting to the unilateral right ankle and foot condition. Based on clinical information the medical record, peer-reviewed evidence-based guidelines and absent clinical rationale for bilateral casting

to the unilateral right ankle, bilateral casting, one pair for unilateral ankle and foot condition is not medically necessary.