

<b>Case Number:</b>	CM15-0126866		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 47 year old male, who sustained an industrial injury on 09/20/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left sided plantar fasciitis and Achilles tendon strain. Treatment and diagnostic studies to date have included acupuncture and chiropractic therapy. In a progress note dated 06/09/2015 the treating physician reports a decrease in pain to the left foot and continued pain with slight improvement to the Achilles tendon and calf. Examination reveals slight tenderness to the sole of the left foot, significant tenderness to the left Achilles, less tenderness to the left calf, limited range of motion to the left lower extremity due to a tight calf with pain, and inverted, supinated bilateral feet that is more prominent on the left. The treating chiropractor requested custom made orthotics for the feet with casting and a referral to podiatrist for custom made orthotics with the treating chiropractor noting that the injured worker was receiving acupuncture that was assisting him, but the injured worker was concerned that the he will be not be able to receive this treatment consistently, therefore the treating chiropractor has requested the above referral and equipment for orthotics noting that the orthotics would benefit the injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Custom made orthotics for Feet Cast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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, custom-made orthotics for feet (cast) is not medically necessary. Orthotics is 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 workers working diagnoses are plantar fasciitis left, improved; and Achilles tendon strain slightly improved. The date of injury is September 20, 2013. Request for authorization is dated June 22, 2015. According to a June 9, 2015 progress note subjectively, the injured worker has less pain in the sole of the foot. The Achilles tendon is tender and the calf is improved. Objectively, there is tenderness on the sole of the foot, tenderness at the Achilles tendon with decreased range of motion to dorsiflexion. The injured worker stands with the inverted (turn inward), more pronounced on the left. The documentation refers strictly to the left side. The request is for custom-made orthotics for the feet (bilateral) cast. There is no clinical indication or rationale for custom-made orthotics of the right foot. Additionally, symptoms of plantar fasciitis have improved. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines, and improved plantar fasciitis on left with no symptoms on the right, custom-made orthotics for feet (cast) is not medically necessary.

## **Referral to podiatrist for custom made orthotics (MPN only): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

**Decision rationale:** Pursuant to the ACOEM, referral to podiatrist for custom made orthotics (MPN only) is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured workers working diagnoses are plantar fasciitis left, improved; and Achilles tendon strain slightly improved. The date of injury is September 20, 2013. Request for authorization is dated June 22, 2015. According to a June 9, 2015 progress note subjectively, the injured worker has less pain in the sole of the foot. The Achilles tendon is tender and the calf is improved. Objectively, there is tenderness on the sole of the foot, tenderness at the Achilles tendon with decreased range

of motion to dorsiflexion. The injured worker stands with the inverted (turn inward), more pronounced on the left. The documentation refers strictly to the left side. The request is for custom-made orthotics for the feet (bilateral) cast. There is no clinical indication or rationale for custom-made orthotics of the right foot. Additionally, symptoms of plantar fasciitis have improved. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines, and improved plantar fasciitis on left with no symptoms on the right, custom-made orthotics for feet (cast) is not medically necessary. The requesting chiropractic states he can cast the injured worker in his office and have them (orthotics) made or the worker can be referred to a podiatrist. As noted above, custom-made orthotics are not clinically indicated and, as a result, referral to podiatrist for custom made orthotics (MPN only) are not medically necessary.