

<b>Case Number:</b>	CM15-0174835		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	03/02/2009
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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

### 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 60 year old male, who sustained an industrial-work injury on 3-2-09. He reported initial complaints of left foot pain. The injured worker was diagnosed as having left ankle posterior tibial tendon insufficiency, left plantar fasciitis, and anterior left ankle pain. Treatment to date has included medication, physical therapy, ice-heat application, acupuncture, surgery (Brostrum procedure on 3-1-12), and injection. Currently, the injured worker complains of left ankle Achilles tendonitis since 10-2013. A heel lift helped somewhat and noticed modest improvement with the fracture brace walker and a cast. He is improving following an injection on 12-11-14 to the left heel for plantar fasciitis and again on 1-22-15 that was not effective. He is now having pain in the plantar left heel with the foot rolling inwards. Norco and Voltaren gel help somewhat. The problem has been present for years. Per the primary physician's progress report (PR-2) on 8-13-15, exam noted normal range of motion, no laxity, stable gait, strength 5 out of 5, tenderness at Achilles tendon, and left tarsal tunnel. The Request for Authorization date was 8-17-15 and requested service included 1 UCBL Orthotics x 2. The Utilization Review on 8-25-15 denied the request due to no documentation of ankle instability or ligament laxity. The ACOEM (American College of Occupational and Environmental Medicine) and Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic) - Orthotic devices and are recommended for plantar heel pain and use for the acute phase, for long term pain control custom orthoses may be required.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 UCBL Orthotics x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic) - Orthotic devices.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter under Orthotics.

**Decision rationale:** The current request is for 1 UCBL ORTHOTICS X 2. The RFA is dated 08/17/15. Treatment to date has included medication, physical therapy, ice-heat application, acupuncture, surgery (Brostrum procedure on 3-1-12), and injection. The patient may return to "full duty with respect to the left ankle/foot." MTUS/ACOEM chapter 14, Ankle and Foot Complaints, Physical methods, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG-TWC, Ankle and Foot Chapter under Orthotics states: "both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses and people who stand for more than 8 hours per day." ODG-TWC, Knee & Leg Chapter under Insoles states: "Recommended as an option. Recommend lateral wedge insoles in mild OA but not advanced stages of OA." Per report 08/13/15, the patient presents with left ankle Achilles tendonitis and left heel plantar fasciitis and continues to complain of pain. A heel lift helped somewhat and the patient noticed modest improvement with the fracture brace walker and cast. He is now having pain in the plantar left heel with the foot rolling inwards. Physical examination noted normal range of motion, no laxity, stable gait, strength 5 out of 5, tenderness at Achilles tendon, and left tarsal tunnel. The treater recommended UCBL Orthotics x 2. ACOEM supports orthotics for plantar fasciitis. ODG states "Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthosis." The patient has tried a heel lift with only modest improvement. This request would appear reasonable; however, the request is for 2 orthotics and the patient only has complaints on the left side. There is no discussion as to why 2 is being requested. The current request, as stated, IS NOT medically necessary.