

<b>Case Number:</b>	CM15-0061640		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 54 year old female, who sustained an industrial injury on 8/13/13. The injured worker has complaints of left foot pain that radiates to right 1st toe, tail-bone "pressure" and prolong sitting and lumbar pain "usually in the morning." The diagnoses have included left foot sprain and coccyx pain. Treatment plan was for foam "donut" for seating; custom orthotics for feet and physical therapy. The request was for bilateral custom orthotics, purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Custom Orthotics, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot.

**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 custom orthotics for purchase 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 left foot sprain; and coccyx pain. Subjectively, according to a new encounter dated March 4, 2015, the injured worker had a slip and fall on concrete and struck his tailbone and twisted the left foot. The date of injury was August 13, 2013. Objectively the coccyx is tender. Straight leg raising is negative. There was no neurologic deficit. The left foot is tender over the plantar F. The ACOEM states rigid orthotics may reduce pain experience during walking and may require more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The Official Disability Guidelines recommend orthotic devices for plantar fasciitis and foot pain in rheumatoid arthritis. The documentation does not provide evidence of ankle deformity or instability or findings compatible plantar fasciitis. The physical examination of the medical record was limited to tenderness over the plantar f (fascia). Consequently, absent clinical documentation compatible with plantar fasciitis and foot pain with rheumatoid arthritis, bilateral custom orthotics for purchase are not medically necessary.