

<b>Case Number:</b>	CM15-0068672		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	06/25/2001
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Preventive Medicine, Occupational 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 49 year old female who sustained an industrial injury on 06/25/2001. Current diagnoses include plantar fasciitis from offloading, neuropathy of the superficial peroneal nerve involving the tarsal tunnel, morbid obesity, lateral plantar nerve entrapment-lower tarsal tunnel, status post subtalar arthroscopy and ostectomy of the talus (12 Mar 2012), and peroneal tendinosis and posterior tibial tendinosis from offloading. Comorbid conditins includes morbid obesity and diabetes. Previous treatments included medication management, weight loss program, foot surgery, knee injections, and strengthening and conditioning program. Previous diagnostic studies included MRI of the lumbar spine. Report dated 03/19/2015 noted that the injured worker presented for follow up of plantar fasciitis and neuropathy of the superficial peroneal nerve. Pain level was not included. Physical examination was positive for abnormal findings consistent with the diagnosis. The treatment plan included medial longitudinal arch support with heel cushion, and follow up with pain management and new PCP. Disputed treatments include custom molded orthotic foot/shoe inserts (pair).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom molded orthotic foot/shoe inserts (pair): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Foot & Ankle Orthopedics & Medicine Practice Guidelines: Prescription Custom Foot Orthoses, December 2006.

**Decision rationale:** Orthotics or orthoses are devices developed to assist, resist, facilitate, stabilize or improve range of motion and functional capacity of the foot and ankle. They can be custom-made specifically to address the pathological features of the patient's foot condition. This patient's condition involves chronic plantar fasciitis and neuropathy of the superficial peroneal nerve involving the tarsal tunnel. This is complicated by her morbid obesity and diabetes. Treatment to date has failed to lessen the pain caused by her weight bearing activities. Long-term conservative care involves improving the biomechanical functioning of this area, best achieved with a foot orthosis. An orthotic may be beneficial. The crux of the decision is whether the problem can be controlled with an off-the-shelf orthotic or if a custom-made orthotic is required. However, the guidelines recommend custom foot orthotics only when over-the-counter arch supports provide inadequate relief. Medical necessity for a pair of custom foot orthotics has not been established. The request is not medically necessary.