

<b>Case Number:</b>	CM15-0072129		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	01/01/2010
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Texas, California  
Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old male patient, who sustained an industrial injury on 01/01/2010. The diagnosis includes plantar fasciitis. Per the progress note dated 03/16/2015, he had complaints of right foot pain radiating to the leg. The physical examination revealed pain to insertion of the plantar fascia right foot and pain along fascial band; right calcaneal spur. The medications list includes naproxen. Treatment and diagnostics to date has included right heel x-ray, icing, massage, stretching, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Custom Orthotics:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot (updated 03/26/15) Orthotic devices.

**Decision rationale:** DME: Custom Orthotics. Per the ACOEM guidelines cited below "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." In addition per the cited guidelines orthotic devices are "Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis." Patient has a diagnosis of plantar fasciitis. Trial and response to off the shelf orthotics is not specified in the records provided. Rationale for not using off the shelf orthotics is not specified in the records provided. Significant limb abnormalities that would require custom orthotics are not specified in the records provided. DME: Custom Orthotics is not medically necessary for this patient at this juncture.