

<b>Case Number:</b>	CM15-0094286		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	05/21/2002
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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, New York, 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 applicant is a represented 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 21, 2002. In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve a request for one pair of orthotics. A RFA form dated March 14, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On March 6, 2015, the applicant reported complaints of right heel pain. The applicant had developed issues with right-sided plantar fasciitis, it was suggested. The applicant's left calf was also apparently implicated in the injury. The applicant was on hydrochlorothiazide, losartan, and methadone, it was reported. Bilateral flatfeet were noted with tenderness about the right plantar fascia, it was reported. Orthotics and ultrasound-guided corticosteroid injections were endorsed. The applicant's work status was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotics, one pair:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

**Decision rationale:** Yes, the request for one pair of orthotics was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370, rigid orthotics are recommended as options in the treatment of plantar fasciitis, i.e., the diagnosis reportedly present here. The applicant was described as having residual complaints of heel pain associated with plantar fasciitis on or around the date in question, March 16, 2015. Introduction of the orthotics in question was, thus, indicated, particularly in light of the fact that the MTUS Guideline in ACOEM Chapter 14, page 371 notes that rigid orthotics may reduce pain and disability associated with plantar fasciitis, i.e., the operating diagnosis here. Therefore, the request was medically necessary.