

<b>Case Number:</b>	CM13-0003904		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	06/22/2003
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an employee of [REDACTED] and has submitted a claim for bilateral hallux valgus and hammertoe associated with an industrial injury date of June 22, 2003. Utilization review from July 15, 2013 denied the request for custom functional orthosis due to no diagnosis of plantar fasciitis for foot pain secondary to rheumatoid arthritis to support guideline recommendations. Treatment to date has included opioids and non-opioid pain medications. Medical records from 2013 through 2014 were reviewed showing the patient complaining of leg/foot pain rated at 9/10 on the pain scale he is the patient is noted to be stable on the current medications. On examination, the patient has tender feet, right more than left. There is decreased hair distally over the shin. There is noted swelling over the right shin. The patient has an antalgic gait. The patient is diagnosed with CRPS, lumbar spine as well as chronic pain syndrome and DeQuervain's, foot pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 CUSTOM FUNCTIONAL BOOT ORTHOSIS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

**Decision rationale:** The Official Disability Guidelines, (ODG), Ankle and Foot Chapter, states, states that orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. In this case, the patient is diagnosed with CRPS. The most recent progress note in March 2014 does not have a diagnosis of plantar fasciitis or foot pain due to rheumatoid arthritis. Therefore, the request for custom functional boot orthosis is not medically necessary and appropriate.