

<b>Case Number:</b>	CM13-0026075		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 claimant is a 66 years old male with history of a fall at work down several steps with the computer bag in the hand and injured both the low back and left knee on 11/01/11. On 7/9/13, according to Visit Note dated 7/9/13 by [REDACTED], the patient presented for a medical reevaluation regarding lumbar post fusion syndrome status post L4-5 lumbar reconstruction, status post left knee internal complicated by postoperative pain necessitating a second arthroscopy with continued findings, of internal derangement, diffuse regional myofascial pain and chronic pain syndrome with both sleep and mood disorder (QME documented major depression). The patient's diagnoses were (722.83) post laminectomy syndrome- lumbar and (715.96) Osteoarthritis not otherwise specified. According to the clinical documentation dated 7/9/13 by [REDACTED] the patient complained of inferior arch pain for the past three months of the right foot. The patient had back and knee injuries with subsequent surgeries for these problems. The patient reported that the right foot pain was compensatory to the gait changes. The patient had improvement utilizing the over the counter inserts as well as stretching and physical therapy and ultrasound to the right foot however the dorsal aspect of the right foot was the painful problem and appeared to be dorsal extensor tendonitis at the time. On examination, the right foot had slight inferior arch pain but more of the problem was tight extensor tendonitis where there was some edema dorsally over the right foot. The patient's diagnosis was pain in joint, lower leg. According to the Visit Note dated 7/9/13 by [REDACTED] given the fact that the patient had consistent problem with the right foot, "I would recommend authorization in writing from the [REDACTED] for x-rays of his right foot, magnetic resonance imaging (MRI) of his right foot, possible functional foot orthoses to be fabricated for his plantar fasciitis as well as possible ca

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional foot orthoses controlled ankle movement (CAM) immobilizing boot purchase:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

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

**Decision rationale:** Foot orthotics are designed to evenly distribute pressure over the entire plantar surface of the foot, alleviate areas that may be sensitive or painful, accommodate/correct for deformities, and improve the overall alignment of the foot, ankle complex and lower limb. Categories of foot orthoses include accommodative, corrective, rigid, semi-rigid and soft. CA-MTUS (effective July 18, 2009) Occupational Medicine Practice guidelines, section on Ankle and foot complaints, page 371 states: 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. The controlled ankle movement (CAM) immobilizing boot is not mentioned in CA-MTUS, instead a rigid orthoses was described, absent any documentation as to why the CAM orthoses was recommended, it should be considered not medically necessary.