

<b>Case Number:</b>	CM13-0029760		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	07/14/2006
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 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 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:

An initial physician review concluded that the patient was diagnosed with a right foot metatarsal fracture, but there was no description of a right foot deformity or skin abnormality which would require a custom orthotic device and no report of past use of prefabricated device. Therefore, the request was modified for a prefabricated orthotic on the affected side. A follow-up note from the treating physician of 11/11/2013 addresses the prior utilization review denial. This report states that the patient had a fracture on the left foot which was aggravated by a right foot injury and that the patient needs bilateral foot orthotics to help with balance and proportion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment Custom Feet Orthotics purchase:** 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): 371.

**Decision rationale:** Thus, the guidelines support orthotics in a general sense to help with pain, i.e., the reference to metatarsalgia as a general diagnosis rather than a specific anatomical diagnosis. The prior reviewer in this case stated that custom orthotics were not needed since

there has not been a trial of prefabricated orthotics; it is unclear what reference would support that requirement. In any event, the treating physician in this case has specifically described an indication for orthotics to help with balance and proportion, which would require symmetrical orthotics. Moreover, the prior reviewer recommended orthotics only on the right foot, whereas in this case, the treating physician specifically states that the patient's fracture was on the left foot, and this was aggravated by right foot injury. Again, the rationale by the provider indicates a specific rationale as to why bilateral orthotics are indicated in order to achieve symmetrical balance, but this was not addressed by the prior reviewer. The guidelines are generalized in the discretion to the treating physician in terms of the specific type of orthotics to be prescribed. In this case, the treating physician has provided a specific rationale in terms of the goals of the custom orthotics to be provided and a rationale for bilateral orthotics. Therefore, this request is medically necessary.