

<b>Case Number:</b>	CM13-0036208		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/11/1999
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 patient is a male who reported an injury on 02/11/1999 that occurred when he was involved in a motor vehicle accident. His date of birth was not provided in the medical records. His diagnoses are noted to included degenerative changes in the ankle, plantar fasciitis on the left, arthritis/chondromalacia to the left knee, possible right carpal tunnel syndrome, peroneal tendon tendinitis, and status post left knee surgery 12/04/2003. A request was made for fabrication of custom molded, semi rigid, pedorthotic devices.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom molded semi-rigid pedorthotic device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines (Lumbar

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and foot, Orthotic devices.

**Decision rationale:** According to ACOEM Guidelines, rigid orthotics may reduce pain with activity for patients with plantar fasciitis and metatarsalgia. More specifically, the Official Disability Guidelines recommend orthotic devices for plantar fasciitis and for foot pain in

rheumatoid arthritis. It states that both prefabricated and custom orthotic devices are recommended for plantar heel pain. It also states that a trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences, many patients will require a custom orthosis for long-term pain control. ██████ stated on 04/20/2004 that the patient would require 2 pairs of orthotics every 2 years for his lifetime; 1 for dress and 1 for athletic wear to trade off so that the orthotics can breathe. The patient was noted to have previously been approved for a custom orthotic device. Therefore, it is unknown why the patient requires another. Additionally, despite ██████ recommendation for 2 pairs of orthotic devices every 2 years for life, this is not supported by the Guidelines. Therefore, the request for custom molded semi-rigid pedorthotic device is non-certified.