

<b>Case Number:</b>	CM13-0038573		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/05/2007
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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 a 61 year old female with a date of injury on 07/05/2007. She underwent a triple arthrodesis on 4/10/2012, and now with secondary flatfoot. Subjective complaints are of ongoing left foot and ankle pain. Physical exam show a limping gait, a slight soft prominence over the left lateral malleolus. The overall alignment of the foot was satisfactory. There was some tenderness in the areas of the lateral midfoot and hindfoot, and range of motion was decreased. X-rays showed excellent technical appearance following the surgery, with all joints solidly fused and hardware in good position. The request is for orthopedic shoes with orthotic support, as deemed appropriate by the orthotist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOPEDIC SHOES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**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), Foot and Ankle Chapter, Flatfoot Section.

**Decision rationale:** The California MTUS states that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The Official Disability Guidelines (ODG) suggests that medical or non-operative therapy for posterior tibial tendon dysfunction (acquired flatfeet) involves rest, immobilization, non-steroidal anti-inflammatory medication, physical therapy, orthotics, and bracing. For this patient, ongoing foot pain is present and there is no documentation of ongoing failure of conservative therapy, and there is no guideline support for orthopedic shoes for her diagnoses. Therefore, the medical necessity of orthopedic shoes is not established.