

<b>Case Number:</b>	CM13-0040801		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	11/12/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Podiatric Surgery, and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury was November 12, 2011. On October 19, 2013 this patient was evaluated by an orthopedic surgeon. Subjective complaint includes back pain and leg pain. Both leg pain and back pain are noted by patient to be at a level of 2/10. Patient also describes numbness, tingling, and cramping to the plantar aspect of his left foot. The right lower extremity physical evaluation is unremarkable. Left lower extremity evaluation reveals left ankle anterior joint pain along anterior talofibular ligament, stable. Left knee experiences pain positive for varus and valgus stable with anterior lower. Range of motion is comfortable, and stability of the left lower extremity is noted with no evidence of subluxation or laxity. Some diminished sensation is noted left lower extremity. Gait evaluation reveals patient is able to perform left heel and toe walk. A left resolved foot drop is noted. Abnormal EMG is noted in chart left lower extremity. A left ankle x-ray reveals no abnormalities, taken May 29, 2013. The primary diagnosis includes lumbar pain/sciatica, with a secondary diagnosis of ankle sprain /foot. A tertiary diagnosis is also noted stating knee internal derangement/pain/strain. Recommendations after this visit included and ankle brace, a knee brace, and custom shoe orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CUSTOM SHOE ORTHOTICS FOR PURCHASE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 340.

**Decision rationale:** The patient's diagnosis as of last progress note is sciatica and internal derangement of knee/pain/strain. The Knee Complaints Chapter of the ACOEM Practice Guidelines state that knee braces may be used for patients with patellar instability, ACL tear, and medial collateral ligament instability. The guidelines go on to state that braces are only necessary for patients that will be stressing the knee. Unfortunately progress notes do not support the necessity of a knee brace at this time for this patient. The request for custom shoe orthotics is not medically necessary or appropriate.

**LEFT KNEE BRACE PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 371.

**Decision rationale:** The documentation provided does not demonstrate that this patient meets coverage criteria for these devices. The Ankle and Foot Complaints Chapter of the ACOEM Practice Guidelines state that rigid custom orthotics may reduce pain for patients suffering with plantar fasciitis and or metatarsalgia. According to the enclosed progress notes, this patient is suffering with sciatica and an ankle/foot sprain. These diagnoses do not meet the coverage criteria for custom shoe orthotics. The request for a left knee brace purchase is not medically necessary or appropriate.