

<b>Case Number:</b>	CM13-0045202		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/07/2011
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 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 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 initial date of injury for this patient is 12/7/2011. The patient sustained a crush injury to the dorsum of her right foot. An MRI on 2/20/2012 reveals soft tissue edema of the midfoot with a contusion of the extensor hallucis longus tendon/post traumatic tenosynovitis. She also has a diagnosis of reflex sympathetic dysprophy from her pain management doctor. A CT scan on 4/13/2013 was noted to be normal. Nerve conduction studies do not reveal any electrodiagnostic reason for her foot pain. The patient has been treated for her foot pain with local steroid and local anesthetic injections to the right foot, epideral injections from a pain management doctor, and physical therapy. On 10/9/2013 the patient was evaluated and noted to still have some right foot pain, although she has been wearing flip flops AMA. It is also noted during this visit that custom foot orthotics are recommended for additional support and relief of foot pain. The progress note dated 12/5/2013 advises that the patient's right foot pain has improved significantly. She admits that the physical therapy and epidural injections have helped. The physical exam is unremarkable with the exception of mild point tenderness to the met cuneiform joint right side. The impression that day was mononeuritis superficial and deep peroneal nerves right, resolved. Injury to superficial and deep peroneal nerves, significantly improved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom foot orthotic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 371. Decision based on Non-MTUS Citation ODG, Ankle and Foot Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

**Decision rationale:** After careful review of the enclosed information and the California MTUS coverage criteria for custom orthotics, it is my feeling that that a pair of custom foot orthotics for this patient is not medically necessary at this time. Chapter 14 of the California MTUS guidelines (pg 370) advises that rigid orthotics are recommended for plantar fasciitis or metatarsalgia. There is no mention of treatment of neuritis with orthotics. According to the progress notes this patient does not have a diagnosis of plantar fasciitis or metatarsalgia. Page 371 of the California MTUS guidelines specifically states that: 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. Again, there is no mention of neuritis. Therefore this request is not medically necessary.