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| <b>Case Number:</b>   | CM13-0047882 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 05/09/1995 |
| <b>Decision Date:</b> | 03/07/2014   | <b>UR Denial Date:</b>       | 10/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/04/2013 |

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle and foot pain reportedly associated with an industrial injury of May 9, 1995. Thus far, the applicant has been treated with the following analgesic medications, attorney representation, transfer of care to and from various providers in various specialties and debridement of nails and calluses procedure note of October 7, 2013. In a utilization review report of October 16, 2013, the claims administrator denied a request for a custom ankle foot orthosis/ankle brace, writing that the applicant's foot and ankle conditions would not necessarily benefit from provision of orthoses or braces. The applicant's attorney subsequently appealed. In a clinical progress note of July 31, 2013, the applicant presents with bilateral mid foot pain, persistent heel pain, and thickened heel calluses. Custom orthoses and extra depth shoes were dispensed. The applicant underwent debridement of the calluses in the clinic. An ankle foot orthosis was apparently endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**custom AFO brace; inner boot soft innerface:** 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:** As noted in the California MTUS, adopted ACOEM Guidelines in Chapter 14, rigid orthotics may reduce pain experienced during walking and may reduce global measures of pain and disability for individuals with plantar fasciitis and/or metatarsalgia. In this case, the limited information on file does seemingly establish the presence of both plantar fasciitis as well as nonspecific chronic ankle and foot pain. Orthoses are indicated in the treatment of the same, per ACOEM. Accordingly, the original utilization review decision is overturned. The request is certified, the independent medical review.