

<b>Case Number:</b>	CM13-0057827		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/04/2001
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 is licensed to practice in 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 47-year-old female who reported an injury on 05/04/2001; the mechanism of injury was not submitted. The patient was diagnosed with status post anterior/posterior decompression and fusion of the lumbosacral spine; bilateral sacroiliitis with residuals, probably secondary to the lumbar fusion; status post right hip replacement; status post infection and renal failure with residual; patellofemoral syndrome status post knee arthroscopy, in need of revision; Achilles tendinosis and plantar fasciitis, bilateral feet and ankles; left Achilles musculoligamentous sprain/strain, rule out tear; and lumbosacral spine, rule out claudication and rule out stenosis. The patient complained of constant midback pain rated at an 8/10, constant low back pain rated at a 10/10, and radiation to the superior aspect of the right knee with associated tenderness. The patient also complained of constant and severe bilateral sacroiliac joint pain rated at a 10/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotics for both lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic devices

**Decision rationale:** The CA MTUS/ACOEM does not address the request. The Official Disability Guidelines state that orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods of time; stretching exercises and heel pads are associated with better outcomes than custom-made orthoses in patients who stand for more than 8 hours per day. The patient complained of pain; however, the documentation does not indicate that the patient has returned to work and would be standing for 8 hours a day. The documentation stated that the patient is semi-sedentary. Given the lack of documentation to support the guideline criteria, the request is non-certified.