

<b>Case Number:</b>	CM14-0103383		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/19/2010
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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 45 years old male with an injury date on 07/19/2010. Based on the 05/30/2014 progress report provided by [REDACTED], the patient complains of constant low back pain, left ankle/foot pain and shoulder pain. Objective findings indicate tenderness at shoulder joint, AC joint, low back and left ankle/foot. Range of motion is decreased. Straight leg raise and impingement test are positive. The diagnosis was not included in this report. There were no other significant findings noted on this report. The utilization review denied the request on 06/18/2014. [REDACTED] is the requesting provider, and he provided treatment report date 05/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotics Shoes, One (1) pair - Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Orthotic devices

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Orthosis for Foot/Plantar Fasciitis; ODG-TWC guidelines have the following regarding Foot Orthosis: (<http://www.odg-twc.com/odgtwc/ankle.htm>).

**Decision rationale:** According to the 05/30/2014 report by [REDACTED] this patient presents with constant low back pain, left ankle/foot pain and shoulder pain. The provider is requesting a purchase of an orthotics shoes -1 pair. The utilization review denial letter states, "Documentation provided does not indicate diagnosis for which this treatment is recommended." The MTUS guidelines do not address orthotics. However, the ODG guidelines do recommend orthotic device for plantar fasciitis and for foot pain in rheumatoid arthritis. "Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciitis, and heel spur syndrome)." Review of the report do not indicates plantar fasciitis or foot pain in rheumatoid arthritis. Orthotic devices are not indicated for just pain and swelling. ODG supports orthosis for plantar fasciitis, foot pain from rheumatoid arthritis and possibly ankle sprains. This patient does not present with any of these conditions. Recommendation is for denial.