

<b>Case Number:</b>	CM14-0115955		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 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 notes the original date of injury for this patient was 5/3/2012. Patient sustained a fall at work and injured his right ankle. He eventually underwent surgical correction for ankle pain. On 4/23/2014 patient was seen for evaluation of continued right ankle pain. Patient has undergone his first round of physical therapy. Pain is noted to the lateral right ankle. Ankle joint and subtalar joint range of motion is within normal limits right side however there is some tenderness at end range of motion. Pain is noted upon palpation just posterior to the fibula. Gait does not appear antalgic. Patient was asked to continue physical therapy. On 6/20/2014 patient presents for evaluation and is noted to have continued lateral ankle pain right side. Patient has finished his second round of physical therapy. Negative ankle instability noted, positive pain to the lateral ankle right side. Minor tenderness to the Lisfranc's area. During this visit a corticosteroid injection to the right ankle was recommended as well as custom orthotics to, as the podiatrist states, help stabilize the foot during gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom Orthotics:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG Ankle/Foot ch 14.370. Rigid Orthotics.

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

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for custom orthotics is not medically reasonable or necessary for this patient at this time. It is well-documented that this patient is status post right ankle surgery. Patient has undergone physical therapy to help in his recovery. Many months after the surgery he is still having pain to the posterior lateral ankle joint area. His podiatrist has recommended custom orthotics to help stabilize his foot. MTUS guidelines state 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. This patient currently does not have a diagnosis of plantar fasciitis or metatarsalgia. Therefore custom orthotics is not medically necessary.