

<b>Case Number:</b>	CM14-0128451		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

On 9/24/2014, this 45 year old male complained of pain to the knees, ankles and feet which developed from repetitive motion, from standing and sitting, during work. Diagnoses include bilateral knee, ankle and foot pain, chronic bilateral knee strain rule out meniscal tear, chronic bilateral ankle sprain rule out ankle peroneal tendon tear, and slight impaired gait secondary to knee and ankle sprain. Treatments have included consultation, diagnostic studies, physical therapy, and medication management. Progress notes, dated 1/24/2014, show complaints of bilateral knee, ankle and foot pain; and that the injured worker (IW) was not working. The objective assessment findings showed muscle and joint pain, stiffness and swelling, and no decrease in bilateral quadriceps strength. MRI of the bilateral knees and ankles was pending and treatment included Motrin as needed. The injured worker was scheduled to return to work, under modified duty, on 1/24/2014. Progress notes, dated 5/13/2014, reported persistent and constant pain to the bilateral knees, ankles and feet; rated 8/10, and the inability to stand for more than 10 minutes without pain; and that he ambulates with a cane. The injured worker stated that pain is made better with Motrin. Objective assessment findings included tenderness, decreased range of motion in the ankles and feet bilaterally, and a mild decreased quadriceps strength bilaterally. The treatment plan included the continuation of Motrin as needed, a request for an MRI of both knees and ankles, a request for physical therapy and a request for topical pain medication for better control of the IW pain. The IW was not working. Progress notes, dated 6/27/2014, reported no significant change to complaints of persistent and constant pain to the bilateral knees, ankles and feet; rated 8/10. The injured worker stated that pain is made better with Motrin, and made worse by prolonged walking and standing. No significant changes are noted in the objective assessment findings. Pending authorizations for MRI imaging and topical pain medication were discussed. The treatment plan included the continuation of Motrin for pain, and

a request for bilateral orthotics, to help with foot pain and improve functionality in order to get the IW back to work. The IW was still not back to work at this time. On 7/22/2014, Utilization Review non-certified the request for DME Orthotics as not meeting medically necessary, per MTUS guidelines; and citing the lack of documentation proving clinical indications of need for custom orthotics, and lack of documentation for showing failed trial of off-the-shelf orthotics.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**DME Purchase Orthotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic devices

**Decision rationale:** MTUS reference ACOEM Guidelines identifies documentation plantar fasciitis or metatarsalgia, as criteria necessary to support the medical necessity of orthotics. ODG identifies documentation of a trial of a prefabricated orthosis and a statement identifying the patient will require a custom orthosis for long-term pain control, as criteria necessary to support the medical necessity of custom orthotics. Within the medical information available for review, there is documentation of diagnoses of chronic bilateral ankle sprain, rule out right ankle peroneal tendon tear. However, there is no documentation of plantar fasciitis or metatarsalgia. Therefore, based on guidelines and a review of the evidence, the request for DME Purchase Orthotics is not medically necessary.