

<b>Case Number:</b>	CM14-0154965		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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, and is licensed to practice in Illinois. 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 injured worker is a 44-year-old male who reported an injury on 08/16/2012 reportedly while working for [REDACTED] as a general worker, he was helping 3 other coworkers carry a 250 pound metal pipe when the pipe fell out of their hands and landed on top of his left foot. The injured worker's treatment history included x-rays of the left foot, surgery, MRI studies and medications. The injured worker was evaluated 07/16/2014 and it was documented the injured worker complained of left foot pain and discomfort. On physical examination of the left foot, revealed there was tenderness to palpation over the medial aspect of the left foot. Eversion was 10 degrees and inversion was 10 degrees. Diagnoses included left foot, and distal phalanx fracture. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotics Left Foot:** Upheld

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

**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, Orthotics

**Decision rationale:** The request for orthotics left is not medically necessary. Per Official Disability Guidelines orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Per the documentation given there was no evidence that supports the injured worker had plantar fasciitis. Orthotics are recommended for plantar fasciitis and foot pain in rheumatoid arthritis. The provider failed to indicate the injured worker having plantar fasciitis and/or rheumatoid arthritis. As such, the request for orthotics for the left foot is not medically necessary.