

<b>Case Number:</b>	CM14-0166335		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	05/18/1991
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 licensed 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 information, the original date of injury for this patient was 5/18/1991. On 8/13/2014 this patient was evaluated by his podiatrist. It is noted that this patient has had a left calcaneal fracture and subtalar joint fusion many years prior. Patient advises that he is doing "pretty well". Patient continues to use a bone stimulator. The physician recommends that patient continue to be supplied orthotic support once a year and supportive shoes that can accommodate this patient twice a year. X-rays taken on 6/11/2014 demonstrate consolidation of fusion site but patient continues to feel achiness to this area. Dr. feels that this could be considered a delayed and/or nonunion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supportive Shoes 2 a year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee and leg, Shoes

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370 -371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): knee chapter

**Decision rationale:** After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for supportive shoes twice a year is not medically reasonable or necessary for this patient at this time according to the guidelines. The ODG guidelines state that supportive shoes may be dispensed for patients that suffer with osteoarthritis of the knee. Chapter 14 of the MTUS guidelines states that soft wide shoes may be used for patients in the treatment of hallux valgus, plantar fasciitis, and neuroma. The medical documentation enclosed does not advise that this patient suffers with any of the above-mentioned diagnoses that would allow for coverage of supportive shoes. Therefore, the request for Supportive Shoes 2 a year is not medically necessary and appropriate.

**Orthotic Support 1 a year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web) 2014, Ankle and Foot, Orthotic Devices

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370 -371.

**Decision rationale:** After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for orthotic support one time a year is not medically reasonable or necessary for this patient at this time per enclosed guidelines. The MTUS guidelines are clear in stating that custom functional orthotics are recommended for patients that suffer with plantar fasciitis and or metatarsalgia. This patient has had an unfortunate injury including calcaneal fracture necessitating a subtalar joint arthrodesis. Regardless of this, this patient does not meet the MTUS guidelines for a custom rigid orthotic as the medical documentation does not demonstrate that this patient suffers with plantar fasciitis or metatarsalgia. Therefore, the request for Orthotic Support 1 a year is not medically necessary and appropriate.