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| <b>Case Number:</b>   | CM14-0175011 |                              |            |
| <b>Date Assigned:</b> | 10/28/2014   | <b>Date of Injury:</b>       | 11/21/2013 |
| <b>Decision Date:</b> | 12/31/2014   | <b>UR Denial Date:</b>       | 09/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/23/2014 |

### 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 Orthopedic Surgery 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:

This is a 49-year-old female with an 11/21/13 date of injury. According to a podiatry consult report dated 9/5/14, the patient complained of bilateral painful lower extremities pain rating at 3/10 and reported walking "funny". The provider has requested functional orthotics to help decrease pronation, realign the patient's ankle joint, and reduce the patient's lower extremity, knee, and low back pain. Objective findings: pain upon palpation of metatarsal heads 1-5, with extension/flexion of metatarsal joint 1-5, tibial/fibular shafts, Achilles tendons, and with ankle joint dorsiflexion/plantar flexion, antalgic gait noted. Diagnostic impression: lumbar sprain/strain, knee sprain/strain, metatarsalgia, Achilles tendonitis, congenital pes planus, gait abnormality, pain. Treatment to date: medication management, activity modification, chiropractic treatment. A UR decision dated 9/22/14 denied the requests for cast supplies for left and right foot and orthotic training. The orthotics have not been approved. As such, these requests do not appear medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cast supplies for the left foot:** Upheld

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

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

**Decision rationale:** CA MTUS states that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. However, there is no rationale for custom orthotics. It is unclear whether a trial of pre-fabricated orthotics has failed or why pre-fabricated orthotics would be insufficient. Because the medical necessity of orthotics has not been established, this associated request for casting supplies cannot be substantiated. Therefore, the request for Cast supplies for the left foot was not medically necessary.

**Foot:Orthotic training, quantity 1:** 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,Chronic Pain Treatment Guidelines Ankle and Foot Complaints.

**Decision rationale:** CA MTUS states that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. However, there is no rationale for custom orthotics. It is unclear whether a trial of pre-fabricated orthotics has failed or why pre-fabricated orthotics would be insufficient. Because the medical necessity of orthotics has not been established, this associated request for orthotic training cannot be substantiated. Therefore, the request for Foot:Orthotic training, quantity 1 was not medically necessary.

**Cast supplies for the right foot:** Upheld

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

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

**Decision rationale:** CA MTUS states that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. However, there is no rationale for custom orthotics. It is unclear whether a trial of pre-fabricated orthotics has failed or why pre-fabricated orthotics would be insufficient. Because the medical necessity of orthotics has not been established, this associated request for casting supplies cannot be substantiated. Therefore, the request for Cast supplies for the right foot was not medically necessary.