

<b>Case Number:</b>	CM14-0192149		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	07/01/2014
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 information the original date of injury for this patient was 7/1/2014. The patient injured their right leg on a security gate. Physical exam reveals tenderness along the lower posterior aspect of the right leg the Achilles tendon area. No lacerations or open lesions noted. Pedal pulses and sensation intact. X-rays negative for fracture. Diagnosis includes contusion right lower leg. Treatment includes physical therapy, ibuprofen, crutches, cold pack, gait training, ace bandage, and post op shoe. The physical therapy notes demonstrate slower progress than expected with ankle joint range of motion reduction right side. Contusion to the right ankle has been added as a diagnosis. On 8/4/2014 patient is evaluated and noted to have significant pain to the right ankle, stating that the pain is sharp, and rated at 10/10. X-rays that day were read as normal. On 9/23/2014 patient was evaluated by a podiatrist. Patient complains of extreme sensitivity to the posterior aspect of the right heel. She cannot put her heel on the ground without severe pain. Musculoskeletal exam reveals severe pain to the posterior aspect of the right heel, mild thickening of the posterior right heel as compared to the left with severe tenderness upon 0 of right ankle dorsiflexion. Muscle strength was slightly diminished right side, with negative x-ray findings. Diagnosis includes retro calcaneal bursitis right side. The podiatrist recommends a series of three fiberglass castings to the right lower extremity to help stretch the Achilles tendon. On 10/10/2014 the podiatrist writes a letter stating that patient is in need of custom molded orthotics and orthotic management and training.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotic management and training:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Academy of Ambulatory Foot and Ankle Surgery, Heel spur syndrome, page 6

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Achilles Tendon Disorders Steven B. Weinfeld Medical Clinics, Vol. 98, Issue 2, p331-338 Published in issue: March, 2014 Retrocalcaneal bursitis but not Achilles tendinopathy is characterized by increased pressure in the retrocalcaneal bursa Cited in Scopus: 0 Heinz Lohrer, Tanja Nauck Clinical Biomechanics, Vol. 29, Issue 3, p283-288 Published online: December 26, 2013

**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 management and training is not medically reasonable or necessary for this patient at this time according to the guidelines. The MTUS and ACOEM guidelines are quiet on the specific subject of orthotic management and training. It stands to reason that the patient may be granted further visits if there is a particular specific medical reason as to why they need follow-up or their orthotics care. This reason should be detailed in a progress note. Therefore, Orthotic management and training is not medically necessary.