

<b>Case Number:</b>	CM14-0026701		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Podiatry 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:

The injured worker is a 50 year old female who reported an injury on 10/02/2012 after a glass door fell on her foot. The injured worker had a history of pain to the left big toe with that is rated a 5/10. The injured worker had a diagnosis is a left foot arthropathy. The diagnostic include three views of the left foot that revealed no acute abnormalities. The injured worker also received 8 sessions of acupuncture. The medications include Naproxen 550 mg and Pantoprazole 20 mg. The physical examination of the left big toe revealed tenderness over the plantar aspect of the left fibular sesamoid and focal tenderness over a hallux proximal phalanx. The treatment plan includes a lidocaine injection to the left fibular sesamoid and left hallux exostosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CUSTOM MADE BILATERAL ORTHOTICS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Orthotic Devices.

**Decision rationale:** The Official Disability Guidelines recommend orthotic devices for plantar fasciitis and for foot pain in rheumatoid arthritis. The Official Disability Guidelines also indicate in hallux valgus that orthoses and night splints do not appear to be any more beneficial in improving outcomes than no treatment. Within the documentation provided it was not evident that the injured worker had a diagnosis of for plantar fasciitis or rheumatoid arthritis. There is a lack of documentation indicating a podiatry consultation has occurred with documentation of the recommendations made during the podiatry consultation. As such the request for custom made bilateral orthotics is not medically necessary and appropriate.