

<b>Case Number:</b>	CM14-0038087		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Occupational Medicine 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 claimant was injured on 10/01/12. Custom orthotics are under review. He reportedly was injured while walking in a warehouse. He stepped on his left foot and felt immediate pain in the back of the heel. He reportedly sustained an Achilles tendon tear. He has been treated with acupuncture, PT, medication, casting, and use of a Cam walker. He has been doing home exercises and has tried multiple medications. He has used a cane. An MRI of the left ankle dated 03/13/13 revealed a non-insertional tear of the Achilles tendon with diffuse thickening of the distal tendon stump suggesting underlying associated moderately severe tendinosis. There was also thickening of the anterior talofibular ligament consistent with a sprain. There was edema consistent with strain. He saw [REDACTED] on 09/23/13 for an Achilles tendon rupture. PT was recommended. On 02/06/14, he was on modified duty. He had an antalgic gait with severe pronation of the left foot and mild pronation of the right foot. The left ankle had no tenderness but there was 1-2+ tenderness over the left Achilles tendon on palpation with a palpable defect. There was tenderness over the anterior ankle joint. Ankle range of motion was 0 in dorsiflexion and eversion, 35 in plantar flexion and 25 in inversion. Custom orthotics were recommended to correct severe pronation. The original reviewer stated there was no explanation as to why over-the-counter orthotics would not be sufficient. He saw [REDACTED] for an AME on 04/01/14. He reported an injury to his back, right hip, legs, and feet and stated he tore a tendon in the left foot. He had a couple of courses of PT which relieved his symptoms. His feet/ankles were painful with prolonged walking and standing. He had stiffness in the left ankle and could not stoop, squat, or kneel. He had lost some strength in the left calf and had some atrophy. His left foot was externally rotated and he had an antalgic gait on the left. He had weakness of the left foot and ankle plantar flexors with marked atrophy of the gastroc-soleus muscles. He had mild tenderness over the origin of the plantar fascia on the right foot. There is a review of extensive

treatment for multiple different problems. There is no evidence that he tried over-the-counter orthotics. The impressions included a ruptured left Achilles tendon which had healed with some residual scarring. He had some compensatory pain due to an altered gait. There is no mention of the recommendation for orthotics.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Custom Orthotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot.

**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 history and documentation do not objectively support the request for custom orthotics. The MTUS do not address orthotics and the ODG state "orthotic devices may be recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). (Thomas, 2010) Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. (Crawford, 2003) As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. The percentages improved in each group were: (1) silicone insert, 95%; (2) rubber insert, 88%; (3) felt insert, 81%; (4) Achilles tendon and plantar fascia stretching only, 72%; and (5) custom orthosis, 68%. (Pfeffer, 1999) Evidence indicates mechanical treatment with taping and orthoses to be more effective than either anti-inflammatory or accommodative modalities in the treatment of plantar fasciitis. (Lynch, 1998) (Gross, 2002). Foot orthoses produce small short-term benefits in function and may also produce small reductions in pain for people with plantar fasciitis, but they do not have long-term beneficial effects compared with a sham device. The customized and prefabricated orthoses used in this trial have similar effectiveness in the treatment of plantar fasciitis. (Landorf, 2006) Eleven trials involving 1332 participants were included in this meta-analysis: five trials evaluated custom-made foot orthoses for plantar fasciitis (691 participants); three for foot pain in rheumatoid arthritis (231 participants); and one for hallux valgus (209 participants). Custom-made foot orthoses were effective for rearfoot pain in rheumatoid arthritis (NNT:4) and painful hallux valgus (NNT:6); however, surgery was even more effective for hallux valgus. It is unclear if custom-made foot orthoses were effective for plantar fasciitis or metatarsophalangeal joint pain in rheumatoid arthritis. (Hawke, 2008). Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical

differences many patients will require a custom orthosis for long-term pain control. A pre-fab orthosis may be made of softer material more appropriate in the acute phase, but it may break down with use whereas a custom semi-rigid orthosis may work better over the long term."In this case, there is no evidence that a prefabricated orthosis was tried prior to this recommendation of custom orthotics and the ODG do not support the use of custom orthotics prior to a trial of prefabricated orthotics. Therefore, the medical necessity of this request has not been clearly demonstrated.