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| <b>Case Number:</b>   | CM14-0047114 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 08/08/2012 |
| <b>Decision Date:</b> | 08/26/2014   | <b>UR Denial Date:</b>       | 03/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/15/2014 |

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral foot and ankle pain reportedly associated with an industrial injury of August 8, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; ankle corticosteroid injection; and reported return to regular duty work. In a March 28, 2014 Utilization Review Report, the claims administrator denied a request for custom orthotics, invoking non-MTUS ODG Guidelines exclusively. The claims administrator suggested, incorrectly, that the condition was not addressed in the MTUS. The claims administrator suggested that the applicant had failed over-the-counter inserts before the custom orthotics were being considered but then posited that the applicant did not have plantar fasciitis or rheumatoid arthritis for which orthotics were recommended by ODG. In a progress note dated February 25, 2014, the applicant presented with persistent complaints of ankle and heel pain. The applicant is given an operating diagnosis of ankle tendinitis. Tenderness is noted about the lateral ankle. The applicant is given a corticosteroid injection and asked to obtain custom orthotics. The applicant has returned to regular duty work. It was suggested that the applicant was not working owing to a separate industrial injury involving the back, it is incidentally noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom orthotics for bilateral feet:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 14-3 , 317.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-3, rigid orthotics such as are being sought here are recommended as "options" in the treatment of metatarsalgia/nonspecific foot and ankle pain, the diagnosis reportedly present here. The applicant does appear to have persistent foot and ankle complaints which have proven recalcitrant to time, medications, over-the-counter inserts, and foot/ankle corticosteroid injections. Custom orthotics may be beneficial in ameliorating the same and are supported for the proposed purpose by ACOEM. Therefore, the request is medically necessary.