

<b>Case Number:</b>	CM14-0056285		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/12/2008
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 this patient's original left foot injury occurred on 12-12-2008. On 1-22-2014 this pt was evaluated by his physician for continued foot pain. The physical exam this day reveals " left sided foot flat, heel strike, antalgic gait. He has a slowed gait, he has an antalgic gait." The left foot reveals a well-healed surgical scar. Range of motion is restricted with inversion. Tenderness to palpation is noted over the dorsum of the foot, no edema present. Pedal pulses are present, with a 4/5 muscle strength left side, 5/5 right side. Diagnoses this day include reflex sympathetic dystrophy of the lower limb, and pain in limb. Treatment includes recommendation for removal of the spinal stimulator, and replacement of old orthotic shoes as the old ones are worn out. On 3/5/2014 this patient was seen again by his physician with essentially the same complaints and essentially the same physical exam. I 5/30/2014 patient was seen in follow-up for his left foot pain. His spinal stimulator was removed prior to this visit. Apparently patient has received his new shoes and orthotics and his feet are feeling better. Physical exam remains unchanged since last visit. Diagnoses remain reflex sympathetic dystrophy of the lower limb, pain lower limb.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom orthotics for both feet:** Upheld

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

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

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for custom orthotics for both feet for this patient is not medically reasonable or necessary at this time. MTUS guidelines state that: Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. According to the enclosed progress notes, this patient does not have a diagnosis of plantar fasciitis or metatarsalgia. Therefore, orthotics are not deemed medically necessary under the above-mentioned MTUS guidelines.