

<b>Case Number:</b>	CM14-0080537		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/24/2006
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Orthopedics and is licensed to practice in Texas. 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 patient is a 37 year old male who was injured on 03/24/2006 when he jumped over a fence while chasing a criminal and landed wrong resulting in an injury to his left foot and ankle. He has a diagnosis of left medial ankle sprain grade 2; left medial STJ sprain grade 2; left posterior ankle sprain grade 2; and left sinus tarsi sprain grade 2; all of which are improved and controlled. He also is noted to have left tenosynovitis of the anterior tibial tendon, left medial planter fascia strain and plantar fasciitis. On note dated 02/19/2014, the patient complained of pain in his left foot and ankle and reported he was having difficulty with his in-depth orthopedic shoes as they were not fitted properly and believes that he had swelling present at fitting. He noted the shoes create pain and he has difficulty wearing them and requested replacements as they no longer fit. The patient was seen on 04/02/2014 with no changes in symptoms. He reported pain over the anterior medial ankle with palpable tenderness over the medial navicular and the area along the posterior tibial tendon from the lower leg to the attachment of the navicular. On exam, he was noted to have continued occasional pain and discomfort at the anterior ankle with radiation to the medial foot at the navicular and medial planter heel. He was utilizing an anti-contractual night splint for stretching Achilles and plantar fascia. He noted that he had orthopedic shoes which fit well and felt comfortable for his ongoing symptoms. He was instructed to use Terocin patches for pain control and recommended for custom orthotic foot braces, immobilization strapping, immobilization foot and ankle bracing, anti-contractual night splint, and custom orthopedic in-depth shoes with custom insertion. He reported continued pain in his back which radiates to his lower extremity and occasional symptoms in bilateral feet. Prior utilization review dated 05/02/2014 states the request for Orthopedic shoes with custom inserts (L3221 x 6; L3219x 2) (purchase) is not certified as there was no clear indication documented that would suggest medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic shoes with custom inserts (L3221 x 6; L3219x 2) (purchase): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Ankle & Foot Procedure summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Ankle, Orthotic devices

**Decision rationale:** The ODG guidelines recommends Orthopedic shoes with custom inserts (L3221 x 6; L3219 x2) (purchase) for patients who stand for long periods; and Orthosis (Thomas, 2010) should be cautiously prescribed in treating plantar heel pain; 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 medical records document the patient was injured on 03/24/2006. On 04/02/2014, the patient was noted to have tenderness over the medial navicular and along the posterior tibial tendon with pain and discomfort at the anterior ankle with radiation to the medial foot at the navicular and medial planter heel. He continued to have pain in his back which radiates to his lower extremity and occasional symptoms in bilateral feet. Based on the ODG guidelines it is unclear if custom-made foot orthoses were effective for plantar fasciitis or metatarsophalangeal joint pain in rheumatoid arthritis. The request is not medically necessary.