

<b>Case Number:</b>	CM13-0033925		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	05/14/1999
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: New York  
Certification(s)/Specialty: Podiatrist

### 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 73 year old male, who sustained an industrial injury on 5/14/99. He has reported increased pain with walking. The diagnoses have included diabetes mellitus, arthralgia, and arthritis and ankle pronation of ankle/foot. Treatment to date has included medications and conservative measures. Currently, the injured worker complains of increased pain with walking and his balance is getting worse. Physical exam revealed elongated toenails, greater than five with dystrophy. The toenails were debrided greater than five. The foot was strapped with adhesive tape making it feel better. There was metatarsus varus, tibial varum. The right is longer than 1/8 inches and genu valgum was noted. The recommendation was for custom rigid orthotics; add 1/8 inches left heel lift. On 9/23/13 Utilization Review non-certified a request for Custom rigid orthotics for the foot, noting that there was no documentation of failure to conservative care including the use of prefabricated orthotics and cushions to warrant the request for custom rigid orthotics; the medical necessity was not established. The (ACOEM) Occupational Medicine Practice Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom rigid orthotics for the foot:** Upheld

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

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

**Decision rationale:** On 9-6-2013 pt was seen by podiatrist for foot pain worse with walking, balance getting worse as well. Diagnoses listed as diabetes mellitus, arthralgia, and arthritis and ankle pronation of ankle/foot. Pt was advised to obtain custom rigid orthotics with 1/8 inch left heel lift. On 9-9-2013 a request for custom rigid orthotics was placed for this patient, with diagnoses listed as diabetes, cardio, gastro. MTUS guidelines, chapter 14 pg. 371, advise 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. The included progress notes do not support a diagnosis of plantar fasciitis or metatarsalgia, therefore custom rigid orthotics cannot be recommend as medically necessary or appropriate.