

<b>Case Number:</b>	CM14-0192428		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Physical Medicine Rehab 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 injured worker is a 67 year old man with a date of injury of 6/17/11. He is being treated for the diagnosis of contusion and foot tenosynovitis. Physical exam findings indicate tenderness of the lateral aspect of the foot with deformity and decreased sensation. MRI of the right ankle reported on 9/18/14 reports stress reaction of the anterior calcaneus and inferior talus. Treatment plan included Norco and Soma. Request was subsequently made for one pair of custom-made orthoses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom Made Orthotics x 1 pair:** 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) Orthotic Devices.

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

**Decision rationale:** The injured worker is being treated for internal derangement of the right foot and ankle. Documented MRI diagnosis is foot and ankle tendinitis, stress reaction and normal plantar fascia. MTUS guidelines indicates that rigid orthotics are recommended to reduce

pain for patients with plantar fasciitis and metatarsalgia. The injured worker presents with nonspecific right foot and ankle pain. Provided documentation does not provide clinical reasoning as to how custom-made orthoses for both feet are clinically indicated, when only one foot is injured. Further the provided diagnoses are not consistent with MTUS recommendations. For the aforementioned reasons the request is not clinically necessary.