

<b>Case Number:</b>	CM14-0207017		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	12/01/2005
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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:

This 55 year old female sustained a work related injury on 12/01/2005. The mechanism of injury was not described. The current diagnoses are gout, pain in limb, and tarsal tunnel syndrome. According to the progress report dated 10/02/2014, the injured workers chief complaints were right tingling sharp pain in the medial ankle to the first metatarsals. The physical examination revealed positive tunnel sign at the tarsal tunnel. Per notes, the injured worker has been wearing open sandals which may have contributed to over pronation, loss on control and pinching at the posterior tibialis nerve. The medication list was not specified in the progress report. On this date, the treating physician prescribed orthotics, gait evaluation/range of motion, muscle testing, fiberglass casting, varus/valgus control, cortisone injection, cortisone injection medication, and biomechanical evaluation, which is now under review. The orthotics was prescribed specifically to prevent entrapment. When orthotics, gait evaluation/range of motion, muscle testing, fiberglass casting, varus/valgus control, cortisone injection, cortisone injection medication, and biomechanical evaluation was first prescribed work status was retired. On 12/08/2014, Utilization Review had non-certified a prescription for orthotics, gait evaluation/range of motion, muscle testing, fiberglass casting, varus/valgus control, cortisone injection, cortisone injection medication, and biomechanical evaluation. The orthotics was non-certified based on the injured worker not wearing her two year old orthotics and is wearing sandals. The cortisone injection was non-certified based the injured worker reportedly having issues due to over probation and not wearing supportive shoes. The gait evaluation/range of motion, muscle testing, fiberglass casting, varus/valgus control, and biomechanical evaluation were non-certified based on denial

of orthotics. The California MTUS ACOEM Medical Treatment Guidelines and Official Disability Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Orthotics, quantity of two: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter

**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 requested orthotics is not medically reasonable or necessary according to the guidelines. The MTUS guidelines state that orthotics may be used for the treatment of plantar fasciitis and or metatarsalgia. This patient currently does not have a diagnosis of plantar fasciitis or metatarsalgia. The diagnosis is currently tarsal tunnel syndrome.

**Gait evaluation/range of motion, quantity of two: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 requested gait evaluation/range of motion is not medically reasonable or necessary according to the guidelines. The MTUS guidelines state that orthotics may be used for the treatment of plantar fasciitis and or metatarsalgia. This patient currently does not have a diagnosis of plantar fasciitis or metatarsalgia. The diagnosis is currently tarsal tunnel syndrome. Because this patient does not have a diagnosis that would allow for coverage of orthotics, the gait evaluation to fit pt for orthotics is not recommended.

**Muscle testing, quantity of two: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 requested muscle testing is not medically reasonable or necessary according to the guidelines. The MTUS guidelines state that orthotics may be used for the treatment of plantar fasciitis and or metatarsalgia. This patient currently does not have a diagnosis of plantar fasciitis or metatarsalgia. The diagnosis is currently tarsal tunnel syndrome. Because this patient does not have a diagnosis that would allow for coverage of orthotics, the muscle testing for orthotics is not recommended.

**Fiberglass casting, quantity of two:** 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), Ankle & Foot Chapter

**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 requested fiberglass casting for orthotics is not medically reasonable or necessary according to the guidelines. The MTUS guidelines state that orthotics may be used for the treatment of plantar fasciitis and or metatarsalgia. This patient currently does not have a diagnosis of plantar fasciitis or metatarsalgia. The diagnosis is currently tarsal tunnel syndrome. Because this patient does not have a diagnosis that would allow for coverage of orthotics, the fiberglass casting to fit pt for orthotics is not recommended.

**Varus/valgus control, quantity of two:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 requested varus / valgus control are not medically reasonable or necessary according to the guidelines. The MTUS guidelines state that orthotics may be used for the treatment of plantar fasciitis and or metatarsalgia. This patient currently does not have a diagnosis of plantar fasciitis or metatarsalgia. The diagnosis is currently tarsal tunnel syndrome. Because this patient does not have a diagnosis that would allow for coverage of orthotics, the varus / valgus control for the orthotics is not recommended.

**Cortisone injection, quantity of three:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS guidelines state that invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. This patient has a diagnosis of tarsal tunnel syndrome, for which cortisone injections are not recommended. Therefore, this request is not medically necessary.

**Cortisone injection medication, quantity of three:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS guidelines state that invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. This patient has a diagnosis of tarsal tunnel syndrome, for which cortisone injections are not recommended. Because the cortisone injection is not recommended, the injection medication cannot be recommended.

**Biomechanical evaluation, quantity of two:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 requested biomechanical evaluation is not medically reasonable or necessary according to the guidelines. The MTUS guidelines state that orthotics may be used for the treatment of plantar fasciitis and or metatarsalgia. This patient currently does not have a diagnosis of plantar fasciitis or metatarsalgia. The diagnosis is currently tarsal tunnel syndrome. Because this patient does not have a diagnosis that would allow for coverage of orthotics, the biomechanical evaluation to fit pt for orthotics is not recommended.