

<b>Case Number:</b>	CM15-0143908		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	11/04/2008
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year-old woman sustained an industrial injury on 11-4-2006. The mechanism of injury is not detailed. Evaluations include left ankle MRI dated 8-20-2014, left knee MRI dated 8-20-2014, and right knee MRI dated 8-19-2014. Diagnoses include bilateral ankle and foot pain, bilateral knee pain, severe osteoarthritis of the left knee, thoracic sine pain, and disorders of the sacrum. Treatment has included oral medications. Physician notes from pain management dated 6-10-2015 show complaints of bilateral ankle and bilateral knee pain. Recommendations include insoles, physical therapy, Protonix, Venlafaxine, Diclofenac, functional rehabilitation program, weight loss program, Tramadol, Gabapentin, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Insoles:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Orthotic devices.

**Decision rationale:** The claimant sustained a work injury in November 2006 and continues to be treated for foot and ankle pain. When seen, she was status post arthroscopic right ankle surgery. She was wearing a left ankle foot orthosis. She had developed right plantar fasciitis due to her chronically altered gait. Physical examination findings included right ankle and heel tenderness. There was a mild limp. Authorization is being requested for a pair of orthotics for the treatment of plantar fasciitis. Both prefabricated and custom orthotic devices are recommended for plantar fasciitis. However, bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems. In this case, the claimant already wears a left foot orthotic and had right sided plantar fasciitis. The requested pair of orthotics is not medically necessary.