

<b>Case Number:</b>	CM15-0144028		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	04/16/2010
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/24/2015
<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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

### 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 55-year-old male, who sustained an industrial injury on April 16, 2010, incurring bilateral hip and left knee injuries after a slip and fall. He was diagnosed with a right hip sprain and left hip osteoarthritis, and left knee contusion and sprain. Magnetic Resonance Imaging of the right hip revealed moderate right, greater than left hip osteoarthritic change with no fracture. Electromyography studies showed active right sacroiliac radiculopathy. Treatment included right hip cortisone injections, pain medications, orthotic shoes and electric wheelchair for mobility and activity modifications. Currently, the injured worker complained that his custom orthotic shoes were worn out. He was noted to have a diagnosis of morbid obesity with severe pitting edema of the lower extremities. The treatment plan that was requested for authorization included custom orthotic shoes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom orthotic shoes for bilateral feet:** Upheld

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

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Custom Orthotics Shoes for bilateral feet. There is no documentation of a diagnosis that includes ankle or foot pain in the patient. According to the clinical documentation provided and current MTUS guidelines, Custom Orthotics Shoes is not indicated as a medical necessity to the patient at this time.