

<b>Case Number:</b>	CM15-0145414		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old who has filed a claim for chronic foot pain reportedly associated with an industrial injury of October 1, 2011. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve a request for a solid orthosis for the left lower extremity. The claims administrator referenced an RFA form received on June 19, 2015 in its determination. Non-MTUS ODG guidelines were invoked. A June 4, 2015 progress note was also cited. The applicant's attorney subsequently appealed. On June 4, 2015, the applicant reported ongoing complaints of foot and ankle pain with ancillary complaints of bilateral knee pain. The applicant was described as having residual ankle pain associated with the crush injury. The applicant was asked to employ a foot orthotic to ameliorate ongoing complaints of foot pain. The attending provider also suggested that the applicant might ultimately require a knee arthroplasty procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Solid ankle foot orthosis for the left lower extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle Chapter.

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

**Decision rationale:** Yes, the proposed solid ankle-foot orthosis for the left lower extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, page 371, rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability in applicants with plantar fasciitis and/or metatarsalgia. Here, the applicant was described as having ongoing complaints of foot pain associated with an industrial crush injury on the June 4, 2015 progress note at issue. Introduction of the foot orthotic in question was indicated to ameliorate the same, per ACOEM. Therefore, the request is medically necessary.