

<b>Case Number:</b>	CM15-0146497		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: California

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 injured worker is a 32 year old male who reported an industrial injury on 2-16-2012. His diagnoses, and or impression, were noted to include: left ankle dislocation, status-post left ankle surgery; component of neuropathic pain in the ankle; tendonitis peroneal; sinus tarsi syndrome; and surgery-induced anxiety, depression and panic attacks. No current imaging studies were noted. His treatments were noted to include: surgery; psychiatric evaluation and management; orthopedic evaluation and treatment; diagnostic studies; medication management with toxicology screenings; and rest from work. The orthopedic progress notes of 6-1-2015 reported an orthopedic consultation for the left ankle; complaints of the gradual onset of left ankle joint pain and swelling. Objective findings were noted to include left ankle and foot swelling; an abnormal gait; ankle pain elicited by inversion and eversion of the ankles and at the extreme limits of range-of-motion; tenderness at the medial aspect of the left ankle and at several tendon areas; tenderness at the head of fibula; and of continued left ankle pain, despite surgery, and of > 1 year duration. The physician's requests for treatments were noted to include being casted for a pair of orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom bilateral orthotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic Devices.

**Decision rationale:** Regarding the request for custom orthotics, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with plantar fasciitis or foot pain in rheumatoid arthritis. There is no documentation of a trial with a prefabricated orthosis or a statement that the orthosis will be needed for long-term pain control. In the absence of such documentation, the current request for custom orthotics is not medically necessary.