

<b>Case Number:</b>	CM15-0149652		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	06/02/2012
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 27 year old male, who sustained an industrial injury on 6-02-2012, resulting from cumulative trauma, while employed as a commercial loader. The injured worker was diagnosed as having chronic bilateral knee strain, bilateral knee pain, bilateral ankle strain, and pes planus. Treatment to date has included diagnostics, physical therapy, custom arch support with limited benefit, and medications. A Psychiatric Agreed Medical Evaluation (2-11-2015) noted that he experienced ongoing, moderate psychiatric symptoms and may benefit from an appropriate, full course of mental health treatment. He was diagnosed with major depressive disorder, single episode, moderate, and pain disorder associated with both psychological factors and a general medical condition. Currently, the injured worker complains of severe pain in his bilateral knees, rated 5 out of 10, severe bilateral ankle pain with radiation to the back of his heels, rated 7 out of 10, and severe bilateral foot pain, rated 7 out of 10. He was currently using an ankle support and custom insoles. He reported difficulty with activities of daily living and emotional stress. He was not working and was not on any work restrictions. He was not taking any medications. His height was 5'10" and his weight was 275 pounds. An examination of his feet was unchanged. He had pes planus and inverting ankles with weight bearing. He widened his foot substantially during that motion and had a stability issue. The treatment plan included a custom molded pair of shoes, noting that his orthotics were uncomfortable, and a psychiatric evaluation to determine if there was anything that could be done for his underlying depressive affect.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Custom-molded pair of shoes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Orthotics.

**Decision rationale:** Pursuant to the Official Disability Guidelines, custom molded pair of shoes is not medically necessary. Orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis and heel spur syndrome). See guidelines for additional details. In this case, the injured worker's working diagnoses are chronic bilateral knee strain; bilateral knee pain; bilateral ankle sprain; and bilateral pes planus. Date of injury is June 2, 2012. Request for authorization is July 13, 2015. According to a July 6, 2015 progress note, subjective complaints include bilateral knee, ankle and foot pain. Pain is 7/10. The injured worker already has orthotics. The orthotics are uncomfortable. The emotional stress section of progress note states the injured worker suffers from depression, stress, frustration and personal relationship difficulties and insomnia. There are no subjective complaints of depression in the medical record of depression and there were no objective clinical findings. Custom orthotics are not indicated for Pes Planus. Orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Additionally, the injured worker has orthotics that are uncomfortable. It is felt normal shoes will not be adequate. As stated in the utilization review, the injured worker can get a wider pair of shoes. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for conditions other than plantar fasciitis and foot pain in rheumatoid arthritis, custom molded pair of shoes is not medically necessary.

### **Psych evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guideline 2004, 2nd edition, chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

**Decision rationale:** Pursuant to the ACOEM, psychiatric evaluation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the

diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are chronic bilateral knee strain; bilateral knee pain; bilateral ankle sprain; and bilateral pes planus. Date of injury is June 2, 2012. Request for authorization is July 13, 2015. According to a July 6, 2015 progress note, subjective complaints include bilateral knee, ankle and foot pain. Pain is 7/10. The injured worker already has orthotics. The orthotics are uncomfortable. The emotional stress section of progress note states the injured worker suffers from depression, stress, frustration and personal relationship difficulties and insomnia. There are no subjective complaints of depression in the medical record of depression and there were no objective clinical findings. There is no past medical history of depression. Consequently, absent clinical documentation of depression (symptoms and objective findings), psychiatric evaluation is not medically necessary.