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| <b>Case Number:</b>   | CM15-0168243 |                              |            |
| <b>Date Assigned:</b> | 09/08/2015   | <b>Date of Injury:</b>       | 02/05/2014 |
| <b>Decision Date:</b> | 10/22/2015   | <b>UR Denial Date:</b>       | 08/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2015 |

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 58 year old male, who sustained an industrial injury on 2-5-2014. The injured worker was diagnosed left shoulder injury status post arthroscopic subacromial decompression, biceps tenodesis and labral debridement, right knee anterior cruciate ligament tear, and right knee contusion. The request for authorization is for: custom orthotics QTY: 1.00. The UR dated 8-18-2015: non-certified custom orthotics QTY: 1.00. On 6-4-2015, the provider noted that "custom orthotics helps to decrease the impact to his knee while on his feet and improve his functional capacity with walking and running". On 7-9-2015, he reported left shoulder pain and right knee pain. He denied pain of the right elbow. Physical examination revealed full range of motion to the right shoulder with no tenderness. Tenderness is noted to the left shoulder. He is noted to use custom orthotics. On 8-12-2015, he was released to full duty work status. The records are unclear regarding how old the current custom orthotics are and if they are defective, worn, damaged or broken. The treatment and diagnostic testing to date has included: medications, home exercise, knee brace, and custom orthotics, magnetic resonance imaging of the right knee (2-13-2015), magnetic resonance imaging of the left shoulder (10-2-2014), x-ray of the right knee (1-8-2015), physical therapy for the right knee, ice, heat, left shoulder surgery and 24 post-operative physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom orthotics, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Orthoses.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The ACOEM chapter on foot and ankle complaints states that orthotics are only indicated in the treatment of plantar fasciitis and metatarsalgia. The patient does not have either of these diagnoses or findings on exam suggestive of these diagnoses. Therefore the request is not medically necessary.