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| <b>Case Number:</b>   | CM15-0193578 |                              |            |
| <b>Date Assigned:</b> | 10/07/2015   | <b>Date of Injury:</b>       | 05/30/1989 |
| <b>Decision Date:</b> | 11/16/2015   | <b>UR Denial Date:</b>       | 09/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/01/2015 |

### 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, New York  
 Certification(s)/Specialty: Podiatrist

### 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 46 year old female, who sustained an industrial injury on 5-30-89. She reported left foot pain. The injured worker was diagnosed as having history of left foot laceration and left foot extensor tenosynovitis. Treatment to date has included surgery to repair left foot lacerated tendons and physical therapy. Physical examination findings on 7-7-15 included no sensory deficits in the left foot, mild tenderness to the left foot scar with palpation, and tenderness on palpation to the dorsum of the left foot. Muscle strength was noted to be 5 of 5 and the injured worker was able to actively flex and extend the toes of her left foot. On 7-7-15, the injured worker complained of left foot pain. On 8-10-15, the treating physician requested authorization for custom molded orthotics. On 8-17-15, the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom molded orthotics:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Diagnostic Criteria, Medical History, Physical Methods, Activity Alteration.

**Decision rationale:** MTUS guidelines, page 370-1, specifically address foot orthotic management in the treatment of foot disorder. Acute tenosynovitis is not included in the recommendations for orthotic application. As per Table 14-2, page 367, the injured worker has a record of unique signs relating to tenosynovitis. As per MTUS, Table 14-3, page 367, depending on severity, acute tenosynovitis can be treated with non-steroidal anti-inflammatory drugs. Activity modification is recommended, a rigid surgical shoe is recommended. The record did not reveal a course of applied recommended treatment including physical therapy, or home exercise, splinting or activity modification to address this injury. A request for custom foot orthosis in the treatment of this injured worker is not medically necessary, as per California MTUS guidelines.