

<b>Case Number:</b>	CM15-0212309		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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, 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 59 year old female, who sustained an industrial injury on 9-28-2011. The injured worker was being treated for right foot-ankle strain and possible tarsal tunnel syndrome, lumbar sprain/strain with right lower extremity radiculitis, and right sacroiliac joint strain. Treatment to date has included diagnostics, transcutaneous electrical nerve stimulation unit, orthotics, physical therapy, and medications. On 9-22-2015, the injured worker complains of low back pain, rated 5-6 out of 10 (rated 8 out of 10 on 8-13-2015), and right ankle pain, rated 6-7 out of 10 (right ankle pain was not rated on 8-13-2015). Right ankle pain increased with walking-weight bearing and she reported that orthotics "have worn out". Work status was "usual and customary duties" and it was not documented if she was working. Objective findings for the lumbar spine noted tenderness to palpation with muscle guarding over the paravertebral musculature greater than right sacroiliac joint, decreased range of motion, and positive straight leg raise on the right, with decreased sensation. Medication use included Norco. The treating provider noted that orthotics were last obtained in 10-2014. On 10-07-2015 Utilization Review non-certified a request for replacement of orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement of Orthotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Diagnostic Criteria, Physical Examination. Decision based on Non-MTUS Citation 1.ISO 8549-1:19892. Lazzarino A. VA NCHCS Therapeutic Footwear Standards, 2012.  
<https://docs.google.com/file/d/0Bz8o-3MbU0CiYIBkZFRkR2M2aUk/edit?usp=sharing> 3.  
Scherer PR. Recent Advances in Orthotic Therapy. First Edition Lower Extremity Review, 2011.

**Decision rationale:** An orthosis is "an externally applied device used to modify the structural and functional characteristics of the neuromuscular and skeletal system." [1] A custom orthosis is a device made to the shape of your foot. It is meant to stabilize the foot, by holding the foot in an optimal position, to optimize function. In service, contemporary in-shoe orthosis are durable and highly resistant to wear. [2] Orthosis replacement on the basis of wear factors is unlikely and is not substantiated in the record. In normal application, contemporary custom molded orthotic products are repairable and adjustable as needed. [3] To be considered, custom molded foot orthoses are part of a management system, in which orthoses are integrated with shoes to deliver functional improvement. The record provides no address of footwear evaluation in the consideration of treatment. The record provides no record of the injured worker's related work activities. A relatively high or increased rate of daily activity will impose wear on a shoe, altering stabilized control of joint motion, likely to manifest in ankle strain, recorded in this instance. The record provides no address of footwear evaluation or of the consideration of footwear in treatment. If treatment is indicated to address disorder, the specifics of treatment should be explained, the reasons for the treatment, and the possible benefits of the treatment, with assurance of benefit supported in the record. As per MTUS guidelines, Table 14-3, pages 370, 371, orthosis are recommended in the care of this injured worker. The requested treatment: Replacement of custom molded orthotics for B, feet, is not certified as medically necessary.