

<b>Case Number:</b>	CM15-0215177		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Arizona, California  
 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 41 year old, female who sustained a work related injury on 8-12-13. A review of the medical records shows she is being treated for bilateral foot and bilateral ankle pain. In the progress notes dated 10-26-15 and a PR-2 dated 9-28-15, the injured worker reports occasional, moderate to severe, throbbing ankle pain, stiffness and cramping. She reports occasional, moderate bilateral foot pain, stiffness and cramping. She rates the pain in both ankles a 3 out of 10 and foot pain a 6 out of 10. On physical exam dated 9-28-15, she has tenderness to touch of right and left feet. Treatments have included right foot injection-helpful but pain returning. Current medications include-not listed. She is not working. The treatment plan includes requests for physical therapy and orthotics. The Request for Authorization dated 9-28- 15 has requests for a 1 month follow-up, for a right ankle brace, for orthotics and for a right ankle injection. In the Utilization Review dated 10-19-15, the requested treatments of orthotics and a right ankle brace are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotics L3000:** Overturned

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

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

**Decision rationale:** Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. In this case, the claimant does have bilateral plantar fasciitis and chronic foot and ankle pain. As a result, the request for orthotics is medically necessary.

**Right ankle brace:** 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): Summary.

**Decision rationale:** According to the guidelines, taping or bracing is recommended in the acute phase of the injury but it is not recommended for the long-term due to risk of debilitation. In this case, the claimant's injury is chronic and the length of use was not specified. The request for the ankle brace is not necessary.