

<b>Case Number:</b>	CM15-0035626		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/11/2007
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old male with an industrial injury dated 05/11/2007 which resulted in an injury to the right foot when a concrete block fell on his foot. Diagnoses includes ulcer of heel and mid-foot, crush injury of foot, and acquired keratoderma rash. Diagnostic testing has included multiple MRIs, CT scan and x-rays of both feet/lower extremities. Previous treatments have included conservative measures, medications, multiple surgeries, physical therapy, and psychotherapy. Ongoing problems were noted as bilateral foot pain, left leg shorter than right, difficulty walking, and low back pain with restricted range of motion. In a progress note dated 02/14/2015, reports that the injured worker was seen for follow up for wound re-check of his wound to the right foot/ankle which was noted to be non-healing, sore, bleeding and getting deeper. There was also a new complaint of popping in the right knee. The objective examination revealed normal vascular assessment, amputated metatarsal 1, 5 right feet with palpable bone through the ulcer. The treating physician is requesting bilateral orthotic shoes which were denied by the utilization review. On 02/17/2015, Utilization Review non-certified a request for bilateral orthotic shoes, noting ODG guidelines were cited. On 02/27/2015, the injured worker submitted an application for IMR for review of bilateral orthotic shoes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral orthotics shoes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Orthotic Device.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle/Foot Chapter under Orthotic devices.

**Decision rationale:** According to the 01/28/2015 progress report, this patient presents with bilateral foot pain that is about the same, 6/10. The patient is status post right great toe and fifth metatarsal removal on the right and fusion on the left. The current request is for bilateral orthotic shoes. The request for authorization is on 01/28/2015 and the patient's work status is he is not fit for duty. Regarding Orthotic devices, the MTUS guidelines do not address orthotics. However, the ODG guidelines do recommend orthotic device 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). Based on the records made available for review, the treating physician does not indicate that the patient has plantar fasciitis or foot pain in rheumatoid arthritis. Orthotic devices are not indicated for just pain and swelling. ODG supports orthoses for plantar fasciitis, foot pain from rheumatoid arthritis and possibly ankle sprains. This patient does not present with any of these conditions. Furthermore, the treating physician document that the patient has new orthotic shoes which is helping him psychologically and physically. In this case, the treating physician does not explain why the patient needed another pair of orthotic shoes, when the patient already had one and its helping. Therefore, the request is not medically necessary.