

<b>Case Number:</b>	CM15-0056040		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 56 year old male, who sustained an industrial injury on 4/3/14. The diagnoses have included difficulty walking, pain in joint of ankle/foot, and tenosynovitis of ankle/foot. Treatment to date has included medications, diagnostics and surgery. Surgery included left ankle arthroscopy. The current pain medications included Tramadol, Naprosyn, and Omeprazole. Currently, as per the physician progress note dated 2/25/15, the injured worker was for orthopedic follow up status post op left ankle arthroscopy 12/2/14. He states that the pain is gradually improving and he has not needed pain medications. Physical exam revealed stiffness of left ankle and significant pes planus foot type bilaterally. The physician requested treatment includes 1 Pair of custom orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Pair of custom orthotics:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

**Decision rationale:** According to the guidelines, orthotics are indicated for plantar fasciitis and metatarsalgia. The guidelines do not provide indication for pes planus (flat feet). There is no indication of the above diagnosis or instability that would require custom support. The request for custom orthotic is not medically necessary.