

<b>Case Number:</b>	CM15-0057728		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	07/23/2008
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 73 year old male, who sustained an industrial injury on 7/30/08. The injured worker was diagnosed as having rocker bottom foot deformity, claw-toe/hammertoe correction of second and third toe and retained hardware with resorption of the allograft. Treatment to date has included hammer toe/claw toe surgical repair, physical therapy and custom molded orthotics. Currently, the injured worker presents for follow up of right foot, he complains his custom molded shoes are quite rigid, making his balance worse. Physical exam noted well healed surgical incisions and shuffling gait with difficulty performing single leg stance or toe-off. The treatment plan consisted of custom-molded trilaminate orthotic and custom molded extra depth diabetic shoes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom molded trilaminate orthotic shoes qty: 2: 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official disability guidelines Ankle and Foot Chapter, Orthotics Knee & Leg Chapter, Insoles.

**Decision rationale:** Based on the 02/11/15 progress report, the 72 year old patient presents for a follow up of the right foot. The request is for CUSTOM MOLDED TRILAMINATE ORTHOTIC SHOES QTY:2. The RFA provided is dated 02/17/15 and the date of injury is 07/23/08. The patient was diagnosed as having rocker bottom foot deformity, claw-toe / hammer-toe correction of second and third toe and retained hardware with resorption of the allograft. Treatment to date has included hammer toe/claw toe surgical repair, physical therapy and custom molded orthotics. Per 02/11/15 report, physical examination revealed well-healed surgical scars. Patient has a wide shuffling gait with difficulty with single-leg stance or toe-off. The patient's work status is unavailable. ACOEM and MTUS do not specifically discuss shoes. MTUS/ACOEM chapter 14, Ankle and Foot Complaints, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG-TWC, Ankle and Foot Chapter under Orthotics states: "both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses and people who stand for more than 8 hours per day." ODG-TWC, Knee & Leg Chapter under Insoles states: "Recommended as an option. Recommend lateral wedge insoles in mild OA but not advanced stages of OA." Per 02/11/15 report, treater requests for custom molded shoes stating "the patient feels as though he needs a little more medial support, he complains his current shoes are rigid and his balance is worse." 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 documents that the patient "finally got custom molded shoes from shoes that fit, but he has been unhappy with these as they are quite rigid and states his balance is worsening." In this case, the treating physician does not explain why the patient needs 2 new pairs of orthotic shoes, when the patient already had one and it's 'helping.' Therefore, the request IS NOT medically necessary.