

<b>Case Number:</b>	CM15-0060733		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	06/29/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: North Carolina  
 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 25 year old female, who sustained an industrial injury on June 29, 2008. The injured worker was diagnosed as having status post contusion/crush injury right foot, chronic edema right lower extremity, assess for venous insufficiency, assess for lymphedema praecox, assess for complex regional pain syndrome/RSD type 1, and metatarsalgia. Treatment to date has included venous Doppler study, work modifications, medications including pain, diuretic, and non-steroidal anti-inflammatory. On April 2, 2015, the injured worker complains of continued right lower extremity pain with right foot and right lower leg edema. The edema has decreased since the initial sympathetic nerve block. The physical exam revealed moderate edema of the right foot up to 1 centimeter above the right ankle. There was no edema in the calves. There was moderate tenderness to the dorsal and plantar aspects of the right forefoot and midfoot, which is consistent with chronic metatarsalgia, and most likely from an altered gait. There was equal and bilaterally symmetrical range of motion of the feet and ankles, the right foot was a little cooler than the left foot, and no evidence of vascular disease. Gait analysis revealed a limp, shortening of the right side stride, and excessive pronation and instability throughout the entire stance phase. The treatment plan includes one pair of motion control orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One pair of motion control orthotics:** Overturned

**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 devices.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**Decision rationale:** The ACOEM chapter on foot and ankle complaints states: 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. The patient has the diagnosis of metatarsalgia. This is why the orthotic were prescribed. Therefore, the request meets ACOEM guidelines and is medically necessary.