

<b>Case Number:</b>	CM15-0085075		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Orthopedic Surgery

### 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 58 year old female who sustained an industrial injury on February 25, 2014. She has reported right ankle pain and has been diagnosed with partial tear of the posterior tibial tendon from the navicular attachment with retraction of the tendon 1-2 cm proximally, Achilles insertional tendinopathy, Achilles enthesiopathy, peripheral nerve impairment to the posterior tibial nerve and its distal branches, and entrapment of the posterior tibial nerve, plantar lateral and medial nerves, and medial calcaneal nerve. Exam note 2/4/15 demonstrates mild pain at the sinus tarsi and the rearfoot. Physical examination showed pain generators were noted in the distribution of specific peripheral nerves and their branches. There was a positive Tinel's sign at the posterior tibial, medial plantar, lateral plantar, medial calcaneal on the left leg. There was a positive Tinel's sign at the posterior tibial nerve on tarsal tunnel at 3:00 and 6:00. There was severe pain on palpation and percussion to the posterior tibial nerve and medial and lateral plantar nerve at the porta pedis with radiation proximal and distal into the plantar arch. The treatment request included custom molded orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom molded orthotics with varus/valgus wedge, soft interface, casting and orthotics:**  
Upheld

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

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

**Decision rationale:** CA MTUS/ACOEM Chapter 14, page 371 states that rigid orthotics 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 exam notes from 2/4/15 do not demonstrate a clear functional deficit, impairment or failed non custom orthotics to warrant a specialized prescription orthotic. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.