

<b>Case Number:</b>	CM13-0009054		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	10/02/2007
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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. The expert reviewer is Board Certified in Podiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51-year-old male who reported injury on 10/20/2007. The mechanism of injury was the patient's foot got caught on a mat and the weight of the patient's partner came down full force on the patient's right ankle, and his foot locked in the mat and snapped. The patient had a history of ankle surgery on the right ankle, and the patient had an SMO for the right foot in 2010. The patient's diagnosis was noted to be right ankle and foot fracture, with open reductions. The clinical documentation indicated the patient was approved for a right foot surgery, including arthrodesis with posterior tibial shortening on 08/29/2013. The request was made for a replacement for the brace from 2010 for the right foot, as the brace was noted to be worn, padding and straps were worn, and the patient had anatomical changes to the right foot, and there was plastic aging. The documentation of 09/17/2013 revealed that the patient had authorization for surgery until 08/27/2014. The patient's diagnoses were noted to include sinus tarsi, pes planus, posterior tibia dysfunction, and osteoarthritis of the subtalar joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SMO** XXXXXXXXXX: Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TWC ANKLE AND FOOT

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ANKLE & FOOT CHAPTER, ORTHOTICS.

**Decision rationale:** ACOEM Guidelines indicate that rigid orthotics may reduce the pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. They do not specifically address custom SMO braces. Secondary guidelines were sought. Official Disability Guidelines indicate that orthotic devices are under study for plantar fasciitis and are recommended for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. Clinical documentation submitted for review indicated the patient was to undergo a surgical procedure on the right foot. There was a lack of documentation of objective functional deficits to support the requested SMO (supramalleolar orthotic). There was a lack of documentation indicating when the patient's surgical procedure was to take place. Given the above, the request for right SMO [REDACTED] is not medically necessary.

**RIGHT INTERFACE [REDACTED]:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**RIGHT LIFT [REDACTED]:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**RIGHT AND LEFT DEPTH ACCOMMODATIVE MENS FOOTWEAR:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE & LEG CHAPTER, SHOES.

**Decision rationale:** ACOEM Guidelines indicate that rigid orthotics may reduce the pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. They do not specifically address custom SMO braces. Secondary guidelines were sought. Official Disability Guidelines indicate that orthotic devices are under study for plantar fasciitis and are recommended for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. Clinical documentation submitted for review indicated the patient was to undergo a surgical procedure on the right foot. There was a lack of documentation of objective functional deficits to support the requested SMO (supramalleolar orthotic). There was a lack of documentation indicating when the patient's surgical procedure was to take place. Given the above, the request for right SMO [REDACTED] is not medically necessary.