

<b>Case Number:</b>	CM14-0130248		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	01/03/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information the original date of injury for this patient was 1/3/2012. Upon evaluation on 7/18/2014 patient is status post multiple surgeries to the right foot including right ankle and right first metatarsal. She is currently using a rolling walker to avoid pressure to the painful right foot. Right great toe demonstrates reduced dorsiflexion and plantar flexion. Muscle strength to the right lower extremity is also reduced. Right foot also demonstrates decreased sensitivity over the right first metatarsal and increased sensitivity over the right calcaneus. Patient is unable to wear regular shoes comfortably. Recommendations include physical therapy and bilateral custom soft orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom Bilateral orthotics semi soft orthotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** After careful review of the enclosed information any pertinent MTUS guidelines for this case, it is my determination that the decision for custom bilateral semi soft orthotics is not medically reasonable or necessary for this patient at this time. Orthotics are

recommended, per MTUS guidelines, for patients with plantar fasciitis and or metatarsalgia. This patient does not have either of these diagnoses. Therefore, the request is not medically necessary.