

<b>Case Number:</b>	CM14-0216843		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	05/18/2008
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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: New York  
 Certification(s)/Specialty: Podiatrist

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old male was injured 5/18/08. The mechanism of injury was not indicated. He complained of pain in the bottom of heels and arch with occasional swelling since 5/2008. Past surgeries included bilateral knee arthroscopies in 2001; left knee surgery in 2004 and foot surgery for plantar fasciitis in 2009. He had a history of low back pain from an injury in 1998 while at work and had surgery in 2001 (Not indication of what surgery was performed). His medications include Imitrex, Tramadol, Prilosec and metoprolol. He had chronic neck stiffness, migraines and difficulty sleeping. Radiographs (undated) revealed heel spur present inferior to the calcaneus bilateral. Treatments included Physical therapy 5/11/09 for bilateral fasciitis with heel spur and by 11/09 showed no progress. Post-operative ultrasound (8/5/09) was negative for deep vein thrombosis. Computed tomography of the right foot (1/8/10) revealed arthrosis and osteoarthritic changes in multiple mid-foot articulation seen at the talonavicular joint dorsally and navicular articulation with the medial cuneiform. By 12/10 he had complaints of bilateral heel pain with numbness and tingling in both feet; right Achilles and foot pain, bilateral knee pain; right hip pain and burning sensation low back with radiation to the right buttocks, hip, leg and foot; pain in both shins; bilateral shoulder pain with constant numbness and tingling in both hands. Radiographs of the knees demonstrated narrowing of the right medial compartment about 3 mm; weight bearing radiographs demonstrated narrow joint line (mm left and 4 mm right). Cervical and lumbar spine radiographs revealed degenerative changes and small spondyliphete respectively. Diagnoses included residuals of bilateral meniscectomies knees (9/18/01) and left (4/16/02) and right (1/25/05); right plantar fasciitis and posterior tibial tendinitis and right foot

surgery (7/29/09); left palntar fasciitis and posterior tibial tendon tendinitis; major depressive disorder. He wears a right knee, left foot and ankle brace and cannot bear weight for more than 20-25 minutes at one time. He walks with a limp and uses a cane when ambulating. He has not worked 2/09 and documentation indicates permanent and stationary. On 12/18/14 Utilization Review (UR) non-certified a request for right ankle orthotic device based on no documentation (per UR) of plantar fasciitis or metatarsalgia as guidelines consider the requested treatment when these diagnoses are present. Guidelines referenced were ODG and ACOEM.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right ankle orthotic device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. 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:** After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the requested right ankle orthotic is not medically reasonable or necessary according to the guidelines. The MTUS guidelines state that orthotics may be used for the treatment of plantar fasciitis and or metatarsalgia. This patient currently does not have painful plantar fasciitis or metatarsalgia. The patient's diagnoses are currently foot tenosynovitis with arthritic changes to the tarsus. The request is not medically necessary.