

<b>Case Number:</b>	CM14-0218920		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: California

Certification(s)/Specialty: Internal Medicine

### 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 49 year old female who sustained a work injury on 6/23/10 when she fell while carrying files out of her office. Symptoms included pain, color and temperature changes, swelling, cramping in the right lower extremity, weakness, muscle spasms, to the right leg and thigh and associated depression. Diagnosis was right knee chondromalacia and patella instability. Treatment diagnoses were chronic pain syndrome, complex regional pain syndrome type I of the upper limb, adjustment disorder with mixed anxiety, and depressed mood. Past medical history included kidney problems, asthma, cancer, and ulcers. There was instability in the right knee with pain and discomfort. A lateral release did not relieve the symptoms. A brace was worn to the knee with persistent symptoms of medial laxity with crepitus. Treatment to date includes: oral analgesics, surgery (ankle 2011, knee surgery 2012), physical therapy, activity modification, lumbar sympathetic blocks, and psychotherapy. A discussion of open lateral retinacular repair was done as an option. The treating provider was requesting: one custom orthotic for the right foot for plantar arch loss. On 7/24/14, utilization review non certified the custom orthotic for the right foot, noting the Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine (ACOEM) guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom orthotic:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-372, 376-377.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses ankle and foot orthotics. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints (pages 370-372) states that rigid orthotics are treatment options for plantar fasciitis and metatarsalgia. Shoes are a treatment option for foot conditions, including plantar fasciitis, tendinitis, tenosynovitis, forefoot sprain, neuroma, and heel spur. 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. Activities and postures that increase stress on a structurally damaged ankle or foot tend to aggravate symptoms. Correct undesirable correlated and compensatory motions and postures if possible. Weight bearing may be limited during the first few weeks, with gradual return to full weight bearing. Weight bearing with orthotics often returns function toward normal very quickly. Table 14-6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints (page 376) recommends for acute injuries, immobilization and weight bearing as tolerated, taping or bracing later to avoid exacerbation or for prevention. For appropriate diagnoses, rigid orthotics are recommended. The medical records document that the patient had right ankle reconstruction of the lateral ligaments on June 24, 2011. The doctor of podiatric medicine D.P.M. report dated November 3, 2014 documented an evaluation of the patient's right foot and ankle pain. The patient suffered a right lateral ankle ligaments tear from a traumatic event. She was seen at that time where she was diagnosed with tearing of her lateral ankle ligaments on the right side. This was treated with surgical intervention to tighten these ligaments. She suffered an dislocated patella during the procedure. She has since undergone two surgical procedures to correct the dislocated patella. She has since gone on to develop a significant case of complex regional pain syndrome in the right lower extremity. On physical examination, she has pain along the distal posterior tibial tendon and navicular tuberosity, talonavicular joint, sinus tarsi. Upon weight-bearing, she is noted to have a fairly significant flat foot deformity on the right foot. There is a calcaneal valgus with near complete collapse of the medial longitudinal arch and moderate forefoot abduction. Upon heel raise, the right heel remains in a valgus position. X-rays are obtained of the right foot and ankle which show a fairly significant transverse plane flat foot deformity with medial talar head uncovering and increased calcaneocuboid abduction angle. She has a bit of a gastrocnemius equinus deformity noted with the knee in full extension. Her pain is coming from her flat foot deformity on the right lower extremity. The podiatrist recommended a pair of custom University of California Berkeley Lab (UCBL) orthotics. She has tried shoe gear modification and over-the-counter arch supports with little success. If the custom UCBL orthotic is unsuccessful, the podiatrist will consider surgical intervention which could include either a joint sparing flat foot reconstruction or either an isolated talonavicular joint arthrodesis or a combined talonavicular joint and subtalar joint arthrodesis. She will follow-up with the podiatrist one month after receiving the UCBL orthotics. ACOEM Chapter 14 Ankle and Foot Complaints (pages 370-372) indicates that rigid orthotics are treatment options for plantar fasciitis and

metatarsalgia. 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. Activities and postures that increase stress on a structurally damaged ankle or foot tend to aggravate symptoms. Correct undesirable correlated and compensatory motions and postures if possible. Table 14-6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints (page 376) indicates that for appropriate diagnoses, rigid orthotics are recommended. The request for custom UCBL orthotics is supported by ACOEM guidelines. Therefore, the request for custom UCBL orthotics is medically necessary.