

<b>Case Number:</b>	CM14-0090385		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/11/2009
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 48 year old female, who sustained an industrial injury on 4/11/09. She reported right shoulder/upper back, right wrist/hand and right ankle injury. The injured worker was diagnosed as having tenosynovitis of foot/ankle. Treatment to date has included right ankle arthroscopy, physical therapy, home exercise program, chiropractic treatment and oral medications. Currently, the injured worker complains of continued right ankle pain with swelling which is better than prior to the surgery. Physical exam noted non-antalgic gait, however she walks on the outside of her foot, pain when walking on her toes, well healed incisions, focal swelling laterally and tenderness to palpation along the anterolateral gutter as well as posterolateral ankle joint with full range of motion. The treatment plan included orthotics to help improve her hind foot alignment, weight loss, anti-inflammatory medications and follow up appointment. Per the peer review on dated 5/15/14 patient had complaints of chronic ankle pain. Physical examination revealed mild hind foot varus, non antalgic gait, well healed incision, 5/5 strength, and full ROM and tenderness on palpation over right ankle. Any recent detailed clinical evaluation note of treating physician was not specified in the records. The current medication list was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any diagnostic imaging report was not specified in the records provided. Any operative note was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotics:** 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-Ankle & Foot (Acute & Chronic).

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

**Decision rationale:** Request: Orthotics, Per the ACOEM guidelines cited below "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." Per the peer review dated 5/15/14 physical examination revealed non antalgic gait, well healed incision, 5/5 strength, and full ROM. Any recent detailed clinical evaluation note of treating physician was not specified in the records. The current medication list was not specified in the records provided. Any diagnostic imaging report was not specified in the records provided. Any operative note was not specified in the records provided. The rationale for requesting custom orthotics was not specified in the records provided. A recent detailed clinical examination of the right foot by the treating physician was not specified in the records. Patient has received an unspecified number of PT visits for this injury. Response to conservative treatment including PT and medication was not specified in the records provided. Response to "off the shelf" arch support/prefabricated orthotics is not specified in the records provided. Significant functional deficit that would require orthotics was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The request for Orthotics is not medically necessary.