

<b>Case Number:</b>	CM15-0115693		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 34-year-old male who sustained an industrial injury on 05/23/2014. Mechanism of injury was cumulative trauma. Diagnoses include lumbar sprain/strain; left knee sprain/strain and tendonitis, right knee sprain/strain and tendonitis, right ankle sprain/strain and right ankle lateral strain. Treatment to date has included diagnostic studies, medications, foot orthotics, acupuncture, physical therapy and injections to the foot were not helpful. A physician progress note dated 04/10/2015 documents the injured worker has ongoing pain to his low back and knees. His pain is off and on. On examination, there is pain to palpation over the right heel. The left ankle and foot have no tenderness with this visit. He has received benefit from acupuncture treatment and he is instructed to continue with acupuncture treatment. He weighs 342 pounds and has flat feet. He has continued with pain symptomatology to the lumbar spine and bilateral knees. Custom orthotics is recommended. He is capable to returning to work on modified duty with restriction. Treatment requested is for new orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**New Orthotics:** Upheld

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

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

**Decision rationale:** The attending physician report dated 5/22/15 indicates the patient has occasional low back pain and intermittent right foot pain. The current request is for new orthotics. The attending physician states that the patient's old orthotics cause pain on the outside lateral volar aspect of the right foot and so he needs new ones. ACOEM guidelines, page 371 states, "rigid orthotics may reduce pain and disability for patients with plantar fasciitis and metatarsalgia." In this case, there is no diagnosis of plantar fasciitis or metatarsalgia. The attending physician does not clarify if the documented foot complaints are from bad fitting orthotics, or if he is having foot pain in addition to pain from a poor fitting orthotic. The available records do not establish medical necessity for a new set of orthotics given that the patient just received custom orthotics in December 2014. The current request is not medically necessary.