

<b>Case Number:</b>	CM15-0022413		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	05/21/2010
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 female who sustained an industrial injury on 5/21/10. The injured worker reported symptoms in the back and lower extremities. The diagnoses included pes planus deformity. Treatments to date include physical therapy. In a progress note dated 2/24/15, the treating provider reports the injured worker was with "constant back pain walking improperly and her balance is being lost." On 1/5/15 Utilization Review non-certified the request for follow up visit with podiatry 1 x 8, purchase custom made functional orthotics left and right and orthotic training left and right. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visit with podiatry 1x8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested follow-up has not been sufficiently established by the documentation available for my review. It is noted in the documentation that the injured worker has developed abnormal/ antalgic gait, and that she has been walking improperly and losing her balance secondary to constant back pain. Orthotics were recommended, however, the requested 8 follow up visits with podiatry is excessive and not medically necessary.

**Purchase custom made functional orthotics left and right:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

**Decision rationale:** Per ACOEM guidelines, shoe insoles for chronic LBP with prolonged walking requirements, and shoe lifts for chronic or recurrent LBP with leg length discrepancy of >2cm are recommended. "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."The documentation submitted for review did not indicate that the injured worker had any of the supported diagnoses, or clinical data regarding leg length. As such, the request is not medically necessary.

**Orthotic training left and right:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per ACOEM guidelines, shoe insoles for chronic LBP with prolonged walking requirements, and shoe lifts for chronic or recurrent LBP with leg length discrepancy of >2cm are recommended. "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."The documentation submitted for review did not indicate that the injured worker had any of the supported diagnoses, or clinical data regarding leg length. As orthotics are not recommended, the request is not medically necessary.