

<b>Case Number:</b>	CM15-0028006		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	12/17/2009
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47 year old female, who sustained an industrial injury on 12/17/2009. She reports a slip and fall, injuring her left ankle and low back pain. Diagnoses include status post left ankle open reduction-internal fixation, left ankle rod surgery, hardware removal, left ankle gastrocnemius slide, left ankle arthroplasty, repair of posterior tibial tendon and arthrotomy with removal of a foreign body. Recent diagnoses include tibial talar arthritis, right plantar fasciitis and right Achilles tendinopathy. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 1/26/2015 indicates the injured worker reported bilateral ankle pain and low back pain. On 2/6/2015, Utilization Review non-certified the request for custom shoes with orthotics, citing ACOEM and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom Shoes (1 pair):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoes.

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

**Decision rationale:** Regarding the request for custom shoes, CA MTUS and ACOEM support the use of soft, supportive shoes in the management of plantar fasciitis. Within the documentation available for review, there is no rationale for the use of custom shoes rather than well-fitting soft and supportive standard (prefabricated) shoes in the management of this condition. In the absence of such documentation, the current request for custom shoes is not medically necessary.

**Custom Foot Orthotics (1 Pair):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices.

**Decision rationale:** Regarding the request for custom orthotics, CA MTUS and ACOEM support the use of rigid orthotics in the management of plantar fasciitis. ODG states orthotics are recommended for plantar fasciitis. As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. Within the medical information made available for review, there is no documentation of a trial with a prefabricated orthosis or a statement identifying why such a trial would not be appropriate prior to consideration of a custom orthotic for this patient. In the absence of such documentation, the current request for custom orthotics is not medically necessary.