

<b>Case Number:</b>	CM15-0067457		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	12/29/2007
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: New York  
 Certification(s)/Specialty: Podiatrist

### 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 60 year old female, who sustained an industrial injury on 12/29/2007. She has reported subsequent knee and back pain and was diagnosed with bilateral knee osteoarthropathy, severe degenerative disc disease of L4-L5 and lumbar radiculopathy. Treatment to date has included oral pain medication, synvisc injection, TENS unit, physical therapy and chiropractic treatment. In a progress note dated 02/12/2015, the injured worker complained of bilateral knee pain that was rated as 6-8/10. Objective findings were notable for tenderness of the bilateral knees and difficulty arising from a seated position. A request for authorization of custom orthotics and a podiatry consultation for fitting for custom orthotics were submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Podiatry consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): chapter 7 pg 27, Chapter 14, pg 371.

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the request for a podiatry consult is not medically reasonable or necessary at this time. According to MTUS chapter 14, page 371, orthotics may be used to treat patients with plantar fasciitis and metatarsalgia. This patient has neither of these diagnoses. It is not medically reasonable to be sent to a podiatrist for fabrication of custom orthotics when you do not have a diagnosis of a fasciitis or metatarsalgia. Furthermore, chapter 7 of the MTUS guidelines states that a consultation may be made in order to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and to evaluate the patient's fitness to return to work. According to the enclosed information, this patient does not appear to have any foot pain, therefore a referral to a podiatrist is not recommended.

**Custom orthotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot and Ankle, Orthotics.

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

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS guidelines for this case it is my feeling that the request for custom orthotics for this patient is not medically reasonable or necessary. MTUS guidelines state that orthotics may be used for the treatment of plantar fasciitis and/or metatarsalgia. This patient has neither of these diagnoses, and in fact orthotics was requested for knee pain. This is not a covered recommendation, and not medically necessary.