

<b>Case Number:</b>	CM15-0071414		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 56-year-old who has filed a claim for chronic ankle, foot, and leg pain reportedly associated with an industrial injury of February 15, 2015. In a Utilization Review report dated March 13, 2015, the claims administrator failed to approve requests for custom molded shoes and custom molded orthotics. The claims administrator referenced an RFA form dated March 4, 2015 in its determination. The applicant's attorney subsequently appealed. In a November 12, 2014 progress note, the applicant reported ongoing complaints of foot and toe pain. The applicant was placed off of work, on total temporary disability. Norco was renewed. The applicant exhibited tenderness about the fifth metatarsal and lateral foot. The applicant was severely obese, with a BMI of 53. On February 4, 2015, Norco and work restrictions were endorsed. The applicant was asked to consult a general surgeon. The attending provider suggested that the applicant receive proper shoes. The applicant had a history of earlier foot fracture, it was acknowledged, with residual pain complaints and altered gait associated with the same. The applicant had undergone earlier foot ORIF surgery, it was acknowledged. Once again, the applicant was described as severely obese, with a BMI of 58. Tenderness about the fifth metatarsal was again reported with some hyperalgesia and allodynia about the foot appreciated. It was not clearly stated whether the applicant was or was not working with limitations in place. On March 12, 2015, the applicant reported 7/10 foot and ankle pain. The applicant's BMI was 57, it was reported on this occasion. The applicant was asked to continue Norco and try Lyrica. Custom orthotics to include molded custom shoes were sought.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom Shoe (not specified if for rental or purchase):** 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): 370.

**Decision rationale:** The request for a custom shoe was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370 does support usage of soft, wide shoes in applicants with hallux valgus, and support wide shoes in applicants with neuromas, in this case, however, it was not clearly stated why custom molded shoes were needed. It was not clearly stated why the applicant could not purchase and/or procure soft, wide shoes, as suggested by ACOEM. Therefore, the request was not medically necessary.

**Custom Orthotic mold (not specified if for rental or purchase):** Overturned

**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): 370.

**Decision rationale:** Conversely, the request for a custom molded orthotic was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370, rigid orthotics are recommended as options in the treatment of metatarsalgia, as was present here on or around the date in question. The applicant has apparently developed issues with metatarsalgia after having sustained an earlier metatarsal fracture. Provision of custom molded orthotics was, thus, indicated to ameliorate the same. Therefore, the request was medically necessary.