

<b>Case Number:</b>	CM15-0077071		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	06/04/2011
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Emergency 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 injured worker is a 42 year old male patient who sustained an industrial injury on 06/04/2011. A primary treating office visit dated 01/15/2015 reported the current treatment of NSAID's, injection, therapy, and orthotics. The patient is with subjective complaint of right hand pain and bilateral foot pain. She is in need of medications Mobic and Protonix. She also reports that her custom orthotics is worn out. She reports utilizing a transcutaneous nerve stimulator unit on a daily basis. She is diagnosed with tendinitis of right hand; bilateral metatarsalgia; bilateral plantar fasciitis; ganglion cyst, and dyspepsia. The plan of care involved: recommending custom made orthotics, refilling Mobic, and Protonix, and follow up visit. Letter of appeal by claimant was reviewed and provided additional clarification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement of orthotic shoes:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation ODG: Ankle & Foot: Orthotic devices.

**Decision rationale:** As per MTUS ACOEM guidelines and Official Disability Guidelines, orthotics may be recommended under specific circumstances. Patient has a pre-existing custom orthotic insert but as per patient's letter of appeal, the orthotic shoes have worn out. The diagnosis of plantar fasciitis meets criteria for orthotic use. It reportedly had been in use since 2013. As per guidelines, a trial of prefabricated orthotics should be attempted before custom, however since the patient already has a custom insert, prefab shoes may not fit. Documentation states that use of shoes/orthotics allow the patient to work and function. Replacement orthotic shoes is medically necessary.