

<b>Case Number:</b>	CM15-0091790		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	12/14/2010
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59-year-old male with an industrial injury dated 12/14/2010. His diagnoses included fasciitis, nerve entrapment and neuritis. Prior treatment included neuro sclerosing nerve block (left foot) and medications. He presented on 04/28/2015 with continued complaints of pain in the third interspace of his left foot secondary probable "stump neuroma." The injured worker had radiating nerve pain to the distal third and fourth toes (left) and had dorsal soft tissue pain in the second, third and fourth metatarsophalangeal joint, worse with excessive activity. He had secondary plantar heel and plantar fascial pain left, and to a lesser extent right. Physical exam revealed chronic finding of neuritis in the plantar third interspace and at the distal third and fourth toes. There was secondary soft tissue pain at the dorsal and plantar ball of the left foot and in the plantar heel and fascia. The right foot had plantar heel and plantar fascial pain to a lesser extent. The provider documented "everything better with the extra depth shoes and custom orthotics." Medications included Norco, Ibuprofen and Prilosec. The request is for new orthotics. Progress note dated 05/20/2014 the provider had requested new orthotics stating the injured worker had provisions for new pair every year depending upon wear pattern and need.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Ankle & Foot Chapter, Orthotic Devices.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 379.

**Decision rationale:** Orthotics are not medically necessary per the MTUS Guidelines. The ACOEM states that rigid orthotics can be used for metatarsalgia and neuroma. The documentation indicates that the patient is using orthotics. There is no documentation that these current orthotics are ineffective or in need of replacement. Furthermore, the request is not specific on a description of the orthotics and the body part this will be used for. The request for orthotics is not medically necessary.