

Case Number:	CM13-0021428		
Date Assigned:	11/08/2013	Date of Injury:	11/23/1987
Decision Date:	01/28/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty Certificate in Neuromuscular, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64-year-old man who sustained a work injury on November 23, 1987. He was treated with conservative therapy. He had lumbar surgery done in 1992 and 1993. The patient continued to have back pain and difficulty sitting on the floor. He reported left lower extremity weakness on prolonged standing. Physical examination showed lumbar spasm. He was diagnosed with lumbar radiculopathy. The patient was tried on pain medications. The provider requested authorization for physical therapy and orthopedic shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 x per week x 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation other evidence based guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to MTUS guidelines, physical therapy is indicated after back surgery within 6 weeks after surgery. The patient was operated on in 1992 and 1993. Therefore, physical therapy is not medically necessary.

Replacement (purchase) of existing custom orthopedic shoes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation other evidence based guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372, 375.

Decision rationale: According to MTUS, supportive shoes are medically necessary in several diseases of the ankle and foot. There is no documentation that this patient has developed any foot disorder. Therefore, orthopedic shoes are not medically necessary.