

Case Number:	CM13-0028185		
Date Assigned:	11/22/2013	Date of Injury:	06/13/2008
Decision Date:	04/21/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/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 38-year-old female who reported an injury on 06/13/2008 due to a motor vehicle accident. The patient reportedly sustained injury to multiple body parts. The patient's most recent clinical evaluation submitted for review was dated 06/27/2013 and was an Agreed Medical Evaluation Psychiatric Report. There was no physical evaluation submitted for review. The patient's documented diagnoses included severe left cervical dystonia, complex regional pain syndrome of the left upper extremity, left frozen shoulder, post-traumatic stress, post T7-8 decompression with thoracic myelopathy, lumbar spondylosis, and left piriformis syndrome. Request was made for durable medical equipment to include orthodox.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT: ORTHOTICS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375..

Decision rationale: The requested durable medical equipment is not medically necessary or appropriate. Of the American College of Occupational and Environmental Medicine do support

the use of orthodoxy in the diagnosis of plantar fasciitis. The clinical documentation submitted for review does not indicate that the patient has any plantar fasciitis. There was no physical evaluation within the patient's recent treatment history to support that the patient has a medical need for orthodoxy. As such, the requested orthodoxy is not medically necessary or appropriate.