

Case Number:	CM13-0046641		
Date Assigned:	12/27/2013	Date of Injury:	11/05/2012
Decision Date:	04/18/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/01/2013

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 62 year old female who was injured on 11/05/2012. The mechanism of injury is unknown. Prior treatment history has included 12 completed sessions of acupuncture visit and medications. Diagnostic studies reviewed include: X-ray of the right knee, 3 views, performed on 11/05/2012 revealed DJD. X-ray of the right ankle, 3 views, performed on 11/05/2012 revealed a negative examination. MRI of the lumbar spine performed on 01/08/2013 revealed: Severe degenerative bone and disk changes L4-L5 and L5-S1 with findings consistent with a vacuum disk phenomenon involving the L4-L5 and L5-S1 disks; allowing for posterior degenerative osteophytes at these levels, no disk protrusions or bulges are seen. At L2-L3, there is a 2 mm annular disk bulge mildly encroaching on the thecal sac without nerve root encroachment. Degenerative facet changes narrowing the nerve root foramina bilaterally at L2-L3 through L5-S1 but less pronounced at L2-L3 than at the remaining levels; Narrowing of the spinal canal at the L4-L5 level secondary to degenerative facet hypertrophy as well as large posterior degenerative osteophytes. X-ray of the lumbar spine performed 11/05/2012 revealed degenerative changes. A PR2 dated 10/01/2013 documented that the patient had complaints of lower back pain, headaches, and right knee and ankle pain and stiffness. The patient has completed a course of 12 acupuncture visits and reports improvement in her movement of lumbar spine and improvement performing. Objective findings on examination of the lumbar spine revealed tenderness to palpation of the paraspinals bilaterally; decreased AROM with pain all ranges revealing flexion 40; extension 12; right bending 12 and left bending 14; positive SLR on the right with radiation of pain in the right lower extremity; SI stress test was positive bilaterally. The patient was diagnosed with 1) Lumbar spine S/SE bilaterally left extremity radiculopathy and stenosis; 2) L4-L5, DB L2-L3 osteophytes; right knee sprain; 3) PFA; right ankle; and 4) Stress, anxiety and depression. An authorization was requested for acupuncture 2 x

3 weeks to increase ROM, decrease inflammation, and decrease reliance on meds; Increase activities of daily living and improve them. The patient was instructed to follow up in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CUSTOM FOOT ORTHOTICS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES (ODG) ANKLE CHAPTER.

Decision rationale: The Official Disability Guidelines state: "Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems." It is noted that the medical report dated 10/1/2013 documents a diagnosis of right ankle sprain, however there are no objective findings pertaining to this diagnosis. The patient described the right ankle as painful and stiff, however, there is no indication of what attempts the patient has utilized to improve these complaints, such as ice/heat and stretching/ROM activities. There is no documentation regarding the patient's current footwear, such as tolerance to standard flat shoes, heeled shoes, or athletic wear. Additionally, persistent subjective complaints and objective findings on previous medical reports that would substantiate a medical necessity for bilateral foot orthotics is not documented. According to the ODG, bilateral foot orthotics are not recommended to treat unilateral ankle-foot problems. The medical records do not support the patient's medically necessity for the requested orthotics. Consequently, the request is not medically necessary and appropriate.