

<b>Case Number:</b>	CM13-0050930		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 injured worker is a 47 year old female with a date of injury on March 14, 2012. The carrier has accepted the body region of low back. The patient has undergone physical therapy, TENS, H-wave stimulation, pain medications, and chiropractic manipulation. The current request is for replacement bilateral orthotics, and there is documentation that the previous ones are "worn out." A utilization review determination on November 5, 2013 had noncertified this request and stated that the original orthoses were not medically necessary and the current request is also not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Replacement Bilateral Orthotics QTY 2.00: 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), Treatment Index, 9th Edition (web), Orthotics

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, Chronic Pain Treatment Guidelines Page(s): 7.

**Decision rationale:** Ankle Complaints of the California Code of Regulations, Title 8, page 7 states the following: "The Administrative Director adopts and incorporates by reference the

Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) into the MTUS from the ACOEM Practice Guidelines." ACOEM Chapter 14 Table 14-3 on page 370 recommends rigid orthotics as a treatment option for plantar fasciitis and metatarsalgia. In the submitted documentation, there is no clear indication as to why orthotics are medically necessary for this patient's lumbar condition, which is the accepted body region per day claims administrator. There is a note from orthopedic surgery that suggests a trial of a left foot heel lift to correct leg length discrepancy. The date of this note is April 2, 2013. However, this is not the same as foot orthotics. Furthermore, in the California Medical Treatment and Utilization Schedule and the reference ACOEM Chapter for low back complaints, there are no provisions for custom foot orthotics as an option in low back pain. Given the guidelines, this request is recommended for non-certification.