

Case Number:	CM13-0053410		
Date Assigned:	12/30/2013	Date of Injury:	11/22/2004
Decision Date:	04/04/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery, 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:

This 35-year-old claimant has a date of injury of 11/22/04 and has been treated for back and leg pain. There is no documentation in the records provided for review that documents any type of foot or ankle problem. There was documentation that a Tempur-Pedic mattress was requested for back pain. This reviewer is asked to address the question of orthopedic inserts for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Inserts for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter Ankle and Foot: Orthotic devices

Decision rationale: The request for Orthopedic inserts cannot be recommended as medically necessary. The CA MTUS ACOEM Guidelines address rigid orthotics and only recommend their use for plantar fasciitis and metatarsagia. It is unclear what type of inserts is being recommended. If one looks toward the Official Disability Guidelines, orthopedic inserts or orthotic devices are recommended for plantar fasciitis and foot pain in rheumatoid arthritis. As

there is no documentation of any type of foot or ankle diagnosis for this claimant in the records provided for review, the orthopedic inserts for purchase cannot be certified