

Case Number:	CM13-0057440		
Date Assigned:	07/02/2014	Date of Injury:	01/06/2012
Decision Date:	08/14/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 39-year-old male who reported an injury on 01/06/2012. The mechanism of injury was not provided in the medical records. His diagnoses include cervical disc protrusion, cervical myospasms, cervical pain, cervical radiculopathy, cervical sprain/strain, left shoulder impingement syndrome, and left shoulder sprain/strain. His previous treatments included medication, physical therapy, chiropractic therapy, acupuncture, medications, and injections. Per the clinical note dated 10/02/2013, the injured worker had complaints of neck and left shoulder pain. On evaluation of the cervical spine, the physician reported there was decreased range of motion due to pain, 3+ tenderness to palpation of the cervical paravertebral muscles and spasms. The physician reported the cervical spine compression test was positive. Per the most recent clinical note dated 01/03/2014, the treatment plan included a referral for acupuncture, orthopedic follow-up, and chiropractic treatments. The current request is for custom orthotics for purchase. The rationale for the request was not provided. The request for authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Orthotics purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The California MTUS Guidelines state rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The clinical information provided for review failed to provide a clinical note or a request for authorization to indicate why the custom orthotics for purchase would be necessary. In addition, there was no documentation that the patient had plantar fasciitis or metatarsalgia to support the request. As such, the request of Custom Orthotics purchase is not medically necessary and appropriate.