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| Case Number: | CM14-0001851 | | |
| Date Assigned: | 04/04/2014 | Date of Injury: | 10/12/2012 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 12/31/2013 |
| Priority: | Standard | Application Received: | 01/06/2014 |

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 Podiatry 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 injured worker is a 27-year-old male who reported an injury on 10/12/2012 due to a slip and fall. The injured worker reportedly injured his left shoulder, left arm, lumbar spine, and buttocks. The injured worker was evaluated by a podiatrist on 03/14/2014. It was documented that the injured worker had developed an abnormal gait as a direct result of the injured worker's low back injury. Physical findings included tenderness to palpation of the bilateral tibial and fibular shafts, pain upon palpation of the bilateral talocalcaneal joints, pain with range of motion of the bilateral sinus tarsi and bilateral peroneals. The injured worker's treatment history included physical therapy, acupuncture, work conditioning, and lumbar spine decompression. The injured worker's diagnoses included lumbar sprain/strain, lumbar radiculitis, gait abnormality, Achilles tendonitis, myalgia, and pain. A recommendation was made for orthotics to assist with pain control and stabilization of the injured workers gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION/EVALUATION FOR CUSTOM FUNCTIONAL ORTHOTICS:

Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2ND Edition, (2004), Chapter 6, page 163, as well as the article, Foot Orthoses: A distal twist on low back pain management, by Hand, L. 2014.

Decision rationale: The American College of Occupational and Environmental Medicine recommend specialty consultations when an injured worker has a complicated diagnosis and would benefit from additional expertise. The injured worker suffers from low back radiculopathy that has been recalcitrant to conservative treatments. This has altered the injured worker's gait pattern with compensation in muscular leg and foot control. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address the use of orthotics in the treatment of low back pain. Peer-reviewed literature by L. Hand, "Foot Orthoses: A distal twist on low back pain management" indicates that foot orthoses are effective in the management of chronic pain for a low back injury. Orthotics would create a quality foundation for the energy flow and control of the tibia, knee torque and femur. Therefore, consultation for custom functional orthotics would be appropriate. As such, the requested consultation/evaluation for custom functional orthotics is medically necessary and appropriate.