

Case Number:	CM14-0007064		
Date Assigned:	02/07/2014	Date of Injury:	01/24/2000
Decision Date:	06/23/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/15/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 claimant is a 49-year-old female who sustained an injury on multiple dates secondary to cumulative trauma. The current medical problems include lumbar sprain/strain with radiculopathy, SI joint tenderness, status post knee arthroscopy. There is no documentation to indicate underlying plantar fasciitis or rheumatoid arthritis of the feet. The utilization review in question is dated December 17, 2013 and denied request for bilateral foot orthotics. The denial was based on insufficient documentation provided for the review. The diagnoses provided for the request were sprain and strain of the sacroiliac joints and lumbar sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL FOOT ORTHOTICS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

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) , LOW BACK DISORDERS; CLINICAL MEASURES, SHOE INSOLES AND SHOE LIFTS,

Decision rationale: The ACOEM notes that shoe insoles are not recommended for the treatment of subacute or chronic low back pain or other back late conditions except in the circumstance of leg length discrepancy over 2 cm. Based on the clinical documentation provided, the claimant fails to meet criteria as outlined by the ACOEM. As such, the request is not medically necessary.