

Case Number:	CM14-0102159		
Date Assigned:	09/16/2014	Date of Injury:	05/13/2012
Decision Date:	11/12/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/02/2014

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 Podiatric surgery, and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 5/13/2012. According to the enclosed progress notes, this patient was evaluated on 11/18/2013. Subjective complaints included constant moderate dull achy sharp low back pain, stiffness, and weakness, aggravated by standing, walking, bending, and squatting. Physical exam reveals reduced range of motion to the back which are also painful. Tenderness is noted upon palpation to the lumbar paravertebral muscles with muscle spasms. Straight leg test is positive left side. Diagnoses include lumbar musculoligamentous injury, lumbar pain and myospasm, lumbar radiculopathy, loss of sleep and sleep disturbance. Treatment plan that day included continued acupuncture, referral for consult and evaluation for custom functional orthotics in order to treat the injury to the lumbar spine and to aid and correct altered biomechanics. On 1/10/2014 patient was evaluated by a podiatrist. Patient's chief complaint is noted to be significant left lower extremity weakness along with instability and pain that radiates from the lumbar area distally. Patient states that the pain is noted at 5 - 6/10 to the left lower extremity and lower lumbar region. Neurologically the physical exam reveals diminished left lower extremity muscle strength noted at 4/5, hypersensitivity to the lateral foot nerves, and hypo sensitivity to the peroneal nerves. Pain is noted to palpation to the left tibial and fibular shaft, left talocalcaneal joint, sinus tarsal, peroneal tendons, Achilles tendon attachment, and antalgic gait. Abnormal electromyography is noted consistent with S1 radiculopathy. Diagnoses include lumbar sprain/strain, lumbar radiculitis, spasms of the lumbar muscles, and pain. Treatment plan includes continuation of acupuncture, chiropractic care, and physical therapy. Functional orthotics were recommended. Also recommended to discontinue barefoot walking, and continue oral medications per medical doctor. On 2/14/14 progress notes advised that patient presented for casting for orthotics. The

musculoskeletal exam reveals foot arch height normal, limb length discrepancy is not noted, with essentially a normal physical exam. On 3/14/14 patient picked up her orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Podiatry followup visit: 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): 361, 362..

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my opinion that the decision for a podiatry follow-up visit is not medically reasonable or necessary for this patient at this time. Patient has been evaluated by a podiatrist twice for treatment of left lower extremity pain. It is noted in the progress notes that there is no true foot pathology causing her left lower extremity pain. It is well-documented that this patient has lumbar radiculopathy which is causing her pain. For this reason, the request for a follow-up with a podiatrist is not medically necessary.

Impression casting: 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 rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my opinion that the decision for impression for casting (for custom functional orthotics) is not medically reasonable or necessary for this patient at this time. It is well-documented that this patient's left lower extremity pain is caused by her left lumbar radiculopathy. The MTUS guidelines state that functional rigid orthotics are recommended for patients who suffer with pain from plantar fasciitis and metatarsalgia. This patient does not have either of these diagnoses therefore functional custom orthotics cannot be recommended. Because custom functional orthotics cannot be recommended, the casting for custom functional orthotics is not medically necessary.

Gait training: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatments: gait training

Decision rationale: After careful review of the enclosed information and the pertinent MTUS/ODG guidelines for this case, it is my opinion that the decision for gait training is not medically necessary for this patient. It is noted that when an individual's walking ability is not expected to improve, or for relatively normal individuals with minor transient abnormalities who do not require an assistive device, when these transient gait abnormalities may be remedied by normal instruction. After review of the enclosed progress notes, there is little evidence that this patient needs gait training. It is also noted that this patient does not use any assistive devices. Therefore the request is not medically necessary.