

Case Number:	CM14-0010202		
Date Assigned:	03/05/2014	Date of Injury:	07/16/2009
Decision Date:	06/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/24/2014

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 injured worker is a 39-year-old male who underwent an Agreed Medical Evaluation in January, 2014. The date of injury is noted to be June, 16, 2009. A cumulative trauma disorder had been diagnosed involving the cervical spine, thoracic spine and low back. Treatment included a clinical evaluation, radiographs and chiropractic intervention. The physical examination noted a decrease in cervical spine range of motion and a full range of motion of the bilateral upper extremities. Motor function and sensory examination was within normal limits. The chiropractic evaluation was completed in March, 2014 noting discogenic sciatic radiculopathy and mechanical low back pain. There are multiple records indicating ongoing complaints of low back pain. Multiple chiropractic interventions are noted. Treatment has included electrodiagnostic studies, chiropractic care, imaging studies, surgical interventions, physical therapy. It is also noted the claimant responded well to taping and "off-the-shelf" foot supports.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM MASS BALANCE ORTHOTICS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: According to the MTUS/ACOEM Guidelines, the only clinical indication for a custom orthotic is for a diagnosis of plantar fasciitis. In this case, the diagnosis has not been established or objectified in this clinical situation. Furthermore, a positive response is noted with "off-the-shelf" items. As such, there is insufficient clinical data presented to support the need for a custom orthotic. Therefore, the request for a custom mass balance orthotics is not medically necessary and appropriate.