

Case Number:	CM14-0017952		
Date Assigned:	04/16/2014	Date of Injury:	08/27/2004
Decision Date:	12/24/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of August 27, 2004. A utilization review determination dated January 27, 2014 recommends noncertification of custom orthotics. A progress report dated December 23, 2013 identifies subjective complaints of ongoing low back pain rated as 10+/10 and knee and leg pain rated at 8/10. Current medications include Norco, Colace, and Nifediac. Physical examination reveals tenderness to palpation over the knees with decreased range of motion in the left knee with pain. There is pain with valgus and stress testing. Diagnoses include spondylolisthesis, spondylosis, lumbar radiculopathy, left knee degenerative joint disease, thoracic spondylosis, lumbar scoliosis, worsening unstable gait, bowel incontinence, left knee MCL strain, and right knee contusion. The treatment plan states that the patient has failed conservative treatment including physical therapy, Synvisc and corticosteroid injections, and medication use. Authorization will be requested for joint replacement specialist consultation for total left knee arthroplasty. A hinged knee brace will also be requested as hers is worn out and does not fit anymore.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Custom Orthotics Bilateral Feet: 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): 14-3 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices

Decision rationale: Regarding the request for custom orthotics, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with plantar fasciitis or foot pain in rheumatoid arthritis. There is no documentation of a trial with a prefabricated orthosis or a statement that the orthosis will be needed for long-term pain control. In the absence of such documentation, the current request for custom orthotics is not medically necessary.