

Case Number:	CM14-0145661		
Date Assigned:	09/12/2014	Date of Injury:	06/12/2012
Decision Date:	11/05/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/08/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 request for a MRI of the right shoulder without contrast is not medically necessary. The ACOEM guidelines state that diagnostic testing is not indicated for nonspecific shoulder pain. Based on the clinical notes, the injured worker did not have complaints of shoulder pain or any etiology related to such. Also, the clinical notes indicated that the injured worker complained of right hip and thigh pain, which does not involved the right shoulder. The use of diagnostic testing without the indication of red flags is not warranted. Therefore, due to a lack of support for the use of a MRI of the shoulder, the request is not supported. Thus, the request for a MRI of the right shoulder without contrast is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: L3000 LASTING FUNCTIONAL ORTHOTICS PURCHASE: 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): 369-371.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

Decision rationale: The request for a DME L3000 lasting functional orthotics purchase is not medically necessary. The California ACOEM Guidelines recommend that rigid orthotics (full shoe length inserts) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. In the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, which is defined as equipment which can withstand repeated use, for example, would normally be rented and used by successive patients, and is primarily and customarily used to serve a medical purpose. There is no documentation that this injured worker had either plantar fasciitis or metatarsalgia. The requested durable medical equipment does not fall within the parameters of the Medicare Guidelines for DME. Therefore, this request for a DME L3000 lasting functional orthotics purchase is not medically necessary.