

Case Number:	CM14-0174823		
Date Assigned:	10/28/2014	Date of Injury:	01/01/1989
Decision Date:	12/04/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/22/2014

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:

The patient is a 52 year old male with an injury date of 01/01/89. One pain management consultation follow-up and 3 AME (agreed medical exam) reports are the only reports provided. Per the 10/23/14 report by [REDACTED], the patient presents with ongoing neck pain with radicular symptoms to the bilateral upper extremities. The patient also presents with diffuse contractions of the hands and feet and sleep difficulties. The patient's diagnoses include: Cervical post laminectomy syndrome Bilateral upper extremity radiculopathy, right greater than the left Status post left arthroscopic shoulder surgery June 2003 Lumbar myoligamentous injury with bilateral lower extremity radiculopathy Dupuytren's contractions, bilateral hands and feet with systemic nodules Severe osteoporosis Cervical spinal cord stimulator trail November 2012, successful Right shoulder internal derangement. The utilization review being challenged is dated 10/15/14. The rationale is that treatment with orthoses is indicated for treatment of plantar fasciitis metatarsalgia and heel spur syndrome; however the patient presents with plantar fasciitis fibromatosis. Reports were provided from 03/29/11 to 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown custom orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Dupuytren's release

Decision rationale: The patient presents with ongoing neck pain with radiation to the bilateral upper extremities with diffuse contractions of the hands and feet. The treater requests for UNKNOWN CUSTOM ORTHOTICS. The treater does not discuss this request. No request for authorization is provided. On 10/23/14 [REDACTED] reports that the patient states he received certification to be seen by an orthopedic hand specialist and is to be evaluated by a podiatrist for Dupuytren's contractions of the hands and feet. From the reports provided, it appears that this request may be related to this condition and these referrals. The 10/15/14 utilization review evaluated the request on the basis of orthoses for plantar fasciitis and cites a diagnosis of bilateral plantar fibromatosis. None of the reports reviewed by the utilization review is included. No reports from the hand specialist and podiatrist are provided. MTUS is silent on Dupuytren's contractions. ODG Forearm, Wrist & Hand Chapter, Dupuytren's release, discusses surgery for this condition. There is no indication in the reports provided that the patient is a candidate for surgery for this condition. ODG supports custom orthosis for plantar fasciitis condition but this condition is not documented. MTUS page 8 requires the physician to monitor the progress of the patient and make appropriate recommendations. In this case, without a clear reason for the request, recommendation is for denial.