

Case Number:	CM14-0176163		
Date Assigned:	10/29/2014	Date of Injury:	05/12/2009
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/24/2014

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 Family 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 51 year old female patient who sustained a work related injury on 5/12/2009 and 12/1/89. The exact mechanism of injury was not specified in the records provided. The current diagnoses include back and radiating left buttock and leg symptoms, pain consistent with L5 radiculopathy of the left leg, foraminal stenosis L4-5 and L5-S1 with spondylolisthesis at L5-S1, and plantar fasciitis in both feet. Per the doctor's note dated 10/28/14, patient has complaints of worsened lower back pain and leg pain. Physical examination revealed normal gait, intact strength in bilateral lower extremities, sensation was decreased in bilateral toes and limited range of motion in the lumbar spine. The current medication lists include Aleve and Advil. The patient has had Magnetic Resonance Imaging (MRI) of the lumbar spine dated 12/15/11 documented multilevel facet hypertrophy, severe left and moderate-to-severe right at L4-5, and bilateral severe at L5-S1 and X-ray of the low back on 12/21/11 that revealed moderate facet osteoarthritis L4-L5 on the right. Any surgical or procedure note related to this injury were not specified in the records provided. Any operative or procedure note was not specified in the records provided. The patient has received an unspecified number of physical therapy (PT) visits for this injury. The patient was wearing a vest and gun belt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Orthotics for the feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (updated 07/29/14) Orthotic devices

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: Per the ACOEM guidelines, "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." Physical examination revealed normal gait, intact strength in the bilateral lower extremities. A recent detailed clinical examination of the right and left feet of treating physician was not specified in the records. The rationale for the use of shoe orthotics was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Response to conservative treatment including PT and medication was not specified in the records provided. Significant functional deficits that would require orthotics was not specified in the records provided. Response to 'off the shelf' arch support/ prefabricated orthotics is not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Bilateral Orthotics for the feet is not fully established in this patient.