

Case Number:	CM14-0020922		
Date Assigned:	04/30/2014	Date of Injury:	06/14/2012
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 and 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 injured worker is a 58 year old female who reported an injury on 06/14/2012 secondary to an unknown mechanism of injury. It was noted that she underwent an open reduction and internal fixation of a left hip fracture on an unknown date. The injured worker was evaluated on 02/12/2014 and reported 9/10 low back pain radiating to the lower extremities bilaterally with numbness, tingling and muscle weakness. On physical examination, she was noted to have decreased sensation in the lower extremities and a positive straight leg raise bilaterally. She was diagnosed with lumbar radiculopathy. A request for authorization was submitted for arch supports. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARCH SUPPORTS: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Shoe Insoles/Shoe Lift Section.

Decision rationale: The request for arch-supports is non-certified. Official Disability Guidelines do not recommend arch supports for low back pain except in the case of leg length discrepancy. The injured worker reported 9/10 low back pain radiating to the lower extremities bilaterally. She was diagnosed with lumbar radiculopathy. There is no documented evidence that the injured worker has a leg length discrepancy or that she has reported any foot or ankle symptoms. As such, the request for arch-supports is not medically necessary.