

<b>Case Number:</b>	CM14-0032853		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on January 14, 2009. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note, dated June 23, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated muscle spasm, Trendelenburg sign, tenderness to palpation and a decrease in lumbar spine range of motion. Ankle jerks were reported to be absent. Diagnostic imaging studies objectified were not reviewed. Previous treatment included chiropractic care, physical therapy, multiple medications, epidural steroid injections and TENS unit. A request had been made for custom orthotics and was not certified in the pre-authorization process on February 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CUSTOM MASS BALANCE ORTHOTICS:** 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), Low Back Chapter, Shoe Insoles/Shoe Lifts.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee & lower extremity, updated June 2014.

**Decision rationale:** As outlined in the Official Disability Guidelines (MTUS & ACOEM do not address), there is an indication for custom orthotics when certain criteria are met. However, noting the criterion listed, none of these are noted in the progress notes presented for review. Therefore, based on a lack of clinical information, the medical necessity for such a custom orthotic has not been established.