

Case Number:	CM14-0033386		
Date Assigned:	06/20/2014	Date of Injury:	04/08/2010
Decision Date:	12/23/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/17/2014

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 Maryland. 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 52 year old female with a date of injury as 04/08/2010. The worker was injured while pulling a loaded pallet resulting in an injury to the left heel. The injured worker underwent physical therapy for approximately one year while continuing to work light duty during this time she developed pain in both heels. The current diagnoses are lumbar facet syndrome, lumbar discogenic pain, and bilateral plantar fasciitis. Previous treatments include physical therapy. A doctor's first report of occupational injury or illness from 03/06/2014 was included for review, this documentation indicates that the injured worker was also diagnosed with a fracture of the right foot and was placed in a cast for treatment, but there were no reports from the previous treating physician submitted for review. A primary treating physicians report dated 04/07/2014 was also included in the documentation submitted. Presenting complaints included bilateral foot pain, difficulty walking adversely affecting the lower back, and pain was noted to be more prevalent in the morning upon awaking and after standing. Physical examination revealed an antalgic gait and moderate tenderness in the right lower back, at L5-sacroiliac joint and sciatic notch. The previous physical therapy and chiropractic progress notes were not included in the documentation submitted for review. The injured worker returned to full duty on 03/02/2014 with accommodations. A request was made for outpatient chiropractic treatment, 12 sessions to the lower back and feet, and purchase of custom orthotic shoes. The utilization review performed on 03/15/2014 certified 6 sessions of chiropractic therapy. The remaining 6 sessions were non-certified based on medical necessity, and the purchase of the custom orthotic shoes was also non-certified based on a previous authorization from August 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment X12 Sessions to lower back and feet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Chiropractic treatment X 12 Sessions to lower back and feet is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend chiropractic treatment for the low back as an option. With a therapeutic trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. The guidelines do not recommend chirp for the ankle and foot. The request additionally exceeds the recommended trial visits. The request for chiropractic treatment X 12 Sessions to lower back and feet is not medically necessary.

Custom Orthotic Shoes 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): 371.

Decision rationale: Custom Orthotic Shoes Purchase is not medically necessary per the MTUS ACOEM guidelines. The guidelines state that 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. Per documentation a nurse case manager summary indicates that the claimant was authorized to receive orthotics in August 2010. The documentation is not clear on whether the patient obtained and used these orthotics and the outcome of use. The request for Custom Orthotic Shoes Purchase is not medically necessary.