

Case Number:	CM14-0039781		
Date Assigned:	06/27/2014	Date of Injury:	06/11/2010
Decision Date:	08/15/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/04/2014

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 Occupational 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 57-year-old female who has submitted a claim for lumbar spinal disease, chronic lumbar radiculopathy, and gait instability associated with an industrial injury date of 06/01/2010. Medical records from 10/01/2013 to 02/19/2014 were reviewed and showed that patient complained of persistent and intermittent neck, left shoulder, and bilateral knee pain graded 8/10 which was described as dull and aching. Physical examination revealed an antalgic gait on the right side. Trigger points over the upper and lower trapezius and sternocleidomastoid region were noted. Lumbar spine ROM was limited by pain. SI joint compression and slump tests were present bilaterally. 2+ pitting edema of bilateral lower extremities, significant bilateral swelling around the ankles, and pes planus deformity was noted. Paresthesia was noted along the medial aspect of bilateral lower extremities. DTRs were absent on bilateral upper and lower extremities. MMT was 5/5 except for hip flexion, abduction, adduction and extension on the right (3/5) and left side (4/5). McMurray's test and patella compression tests were positive bilaterally. Treatment to date has included physical therapy, home exercise program, functional restoration program, and pain medications/patches. Utilization review dated 03/10/2014 denied the request for customized shoes because the medical necessity for customized shoes was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Customized shoes: 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) - TWC Ankle & Foot Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotics.

Decision rationale: CA MTUS does not specifically address foot orthotics. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that foot orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). In this case, the patient has requested customized orthotics for pes planus deformity support. The guidelines only recommend the use of orthotics for plantar fasciitis and rheumatoid arthritis pain. There was no discussion as to why variance from the guidelines was needed. Therefore, the request for customized shoes are not medically necessary and appropriate.