

Case Number:	CM14-0042424		
Date Assigned:	06/30/2014	Date of Injury:	11/20/2000
Decision Date:	11/26/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/09/2014

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 Orthopedic Surgery 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 54-year-old male with a 11/20/00 date of injury. According to a progress report dated 3/4/14, the patient complained of left lower extremity pain, bilateral shoulder and ankle and knee pain. He rated his pain as an 8-9/10. The provider has requested authorization for bilateral shoe inserts that will be obtained via a certified orthotist. Objective findings: decreased range of motion in all planes, tenderness to palpation lumbar paraspinal area. Diagnostic impression: pain in shoulder region, pain in ankle and foot, lumbar radiculopathy. Treatment to date: medication management, activity modification, ankle surgery. A UR decision dated 3/20/14 modified the request for bilateral shoe inserts to certify over-the-counter bilateral shoe inserts. The need for "orthotics" is not established as the claimant does not meet criteria for custom shoe inserts or orthotics provided by an orthotist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Bilateral Shoe Inserts: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee and Leg Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Chronic Pain Treatment Guidelines 9792.23.7 Ankle and Foot Complaints.

Decision rationale: CA MTUS states that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. However, there is no rationale for custom orthotics. It is unclear whether a trial of pre-fabricated orthotics has failed or why pre-fabricated orthotics would be insufficient. Therefore, the request for Purchase of Bilateral shoe inserts was not medically necessary.