

Case Number:	CM14-0050414		
Date Assigned:	06/25/2014	Date of Injury:	05/18/2007
Decision Date:	07/22/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/24/2014

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, has a subspecialty in Pain Management, and is licensed to practice in Texas and Oklahoma. 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 42-year-old male with a reported injury on May 18, 2007. The mechanism of injury was not provided within the clinical notes. The clinical note dated January 24, 2014 reported that the injured worker complained of low back, left hip, left leg, and left ankle pain. The physical assessment was not provided within the clinical note. The injured worker's diagnoses included major depression, recurrent episodes, neuroma; degenerative disc disease; deconditioning; myofascial pain syndrom; unspecified arthropathy, other specified to site; lumbosacral radiculopathy; and other mononeuritis of lower limb. It was reported that the injured worker had MRI findings of lumbar degenerative disease with EMG evidence of left leg radiculopathy. The injured worker's prescribed medication list included hydrocodone and Lyrica. The provider requested authorization of a replacement to left foot orthosis to assist with left ankle foot drop. The Request for Authorization was submitted on March 24, 2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LEFT FOOT ORTHOSIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic devices.

Decision rationale: The injured worker complained of low back, left hip, left leg, and left ankle pain. The treating physician's rationale for thoracic orthosis is to assist the injured worker's left foot drop. The Ankle and Foot Complaints Chapter of the ACOEM Practice Guidelines recommend orthotics for Acute, Sub-Acute and Chronic Plantar Fasciitis; Chronic Metatarsalgia; Morton's neuroma; & Plantar Fasciitis. The Official Disability Guidelines recommend for plantar fasciitis and for foot pain in rheumatoid arthritis. Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there was a lack of documentation indicating the injured worker has significant functional deficits indicating the requirement of a left foot orthosis. A complete and detailed physical examination of the injured worker was not provided within the clinical note. It was noted that the treating physician is requesting a replacement of the injured worker's left ankle foot orthosis for the assistance with left foot drop; however, the condition of the previous orthosis was not provided along with rationale as to why it can no longer be utilized. The request for one left foot orthosis is not medically necessary or appropriate.