

Case Number:	CM14-0054851		
Date Assigned:	07/09/2014	Date of Injury:	06/22/1996
Decision Date:	08/29/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/24/2014

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 & 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 45-year-old female was reportedly injured on June 22, 1996. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 25, 2014, was handwritten and difficult to read. It indicated that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar muscle spasms and decreased lumbar spine range of motion. Nucynta was prescribed, and there was a request for a second opinion regarding spine surgery as well as a request for a left ankle/foot orthosis and tennis shoes. Diagnostic imaging studies of the lumbar spine showed a decompressive laminotomy of L3-L4, L4-L5, and L5-S1 with granulation tissue encasing the left S1 nerve root. There were also hypertrophy and a possible fusion of the facets at L3-L4 and L4-L5 potentially impinging on the L5 nerve roots. Previous treatment was unknown. A request had been made for orthotics and tennis shoes and was not certified in the pre-authorization process on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: orthotics and tennis shoe: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Orthotics, updated July 29, 2014.

Decision rationale: It is unclear, from the progress note dated February 25, 2014, if this is a request for an ankle/foot orthosis or rather an orthotic insole for tennis shoes. However, as this request says orthotics and tennis shoes, it will be addressed as such. Regarding orthotics, the Official Disability Guidelines state that orthotic devices are only recommended for plantar fasciitis and foot pain and rheumatoid arthritis. It is not stated that the injured employee has any of these conditions. Without additional justification, this request for orthotics and tennis shoes are not medically necessary.