

Case Number:	CM14-0085611		
Date Assigned:	07/23/2014	Date of Injury:	04/20/2011
Decision Date:	08/27/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/09/2014

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 a licensed Doctor of Podiatric Medicine and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 4/20/2011 in which he tripped on a cord and fell onto his back. According to the enclosed progress note dated 4/15/2014, this patient continues to complain of low back pain. Most physical motions aggravate her pain. Chiropractic and neuromuscular stimulator are not alleviating pain. Patient has lost sleep and is complaining of anxiety and depression. During that visit it was recommended that patient discontinue her chiropractic treatments, visit a podiatrist, continue pain management, and begin aquatic therapy. On 5/2/2014 patient was seen by a podiatrist. During this visit patient complained of right lower extremity weakness with instability. Patient also reports an antalgic gait and it is noted that the patient presents to this visit, limping. Physical examination reveals patent pedal pulses, right lower extremity muscle strength graded at 4/5, with hypersensitivity of the lateral Sural nerve. Physical examination also reveals pain with palpation to the right Talocalcaneal joints, sinus tarsi, and peroneal tendons. The right calf and tendo Achilles insertion are tender upon ankle joint range of motion. Range of motion right lower extremity is within normal limits and tender. Functional orthotics recommended to, in the words of the podiatrist, help reduce pronation, realigning ankle joint, stabilize the gait pattern, and relieve the patient's lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up evaluation with Podiatrist (right lower extremity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation , Chapter 7, page 127.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my opinion that the decision for follow up evaluation with a podiatrist for right lower extremity is not medically reasonable or necessary at this time. It is noted in the chart notes that the podiatrist has recommended custom orthotics for this patient. MTUS guidelines state that rigid custom 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. This patient does not have a diagnosis of plantar fascia is or metatarsalgia. Furthermore, custom orthotics is not used to treat low back pain, which is the initial complaint of this patient. Because custom orthotics are not recommended, the decision for follow up with a podiatrist for right lower extremity cannot be recommended for this patient and is therefore not medically necessary.

Cast Supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

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

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my opinion that the decision for cast supplies is not medically reasonable or necessary at this time. MTUS guidelines state that rigid custom 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. This patient does not have a diagnosis of plantar fascia is or metatarsalgia. Furthermore, custom orthotics are not used to treat low back pain, which is the initial complaint of this patient. Because custom orthotics are not recommended, casting supplies cannot be recommended for this patient and is therefore not medically necessary.

Gait training: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): gait training.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my opinion that the decision for gait training is not appropriate when an individual's walking ability is not expected to improve, or for relatively normal individuals with minor transient abnormalities who do not require an assistive device, when these transient gait abnormalities may be remedied by normal instruction. After review of the enclosed progress notes, there is little evidence that this patient needs gait training. It is also noted that this patient does not use any assistive devices. The request is not medically necessary.

Custom-made orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

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

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my opinion that the decision for custom orthotics is not medically reasonable or necessary at this time. MTUS guidelines state that rigid custom 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. This patient does not have a diagnosis of plantar fasciitis or metatarsalgia. Furthermore, custom orthotics is not used to treat low back pain, which is the initial complaint of this patient. The request is therefore not medically necessary.

Orthotic training: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

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

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my opinion that the decision for orthotic training is not medically reasonable or necessary at this time. MTUS guidelines state that rigid custom 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. This patient does not have a diagnosis of plantar fasciitis or metatarsalgia. Furthermore, custom orthotics is not used to treat low back pain, which is the initial complaint of this patient. Because custom orthotics is not recommended, orthotic training cannot be recommended for this patient and is therefore not medically necessary.