

Case Number:	CM14-0088181		
Date Assigned:	07/23/2014	Date of Injury:	06/20/2000
Decision Date:	09/17/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 66 year-old patient sustained an injury on 6/20/2000 while employed by [REDACTED], [REDACTED]. Request(s) under consideration include Left Heel Orthotic Insert. Diagnoses include Joint pain- left leg s/p right ankle tendon transfer; s/p right TKR (total knee replacement) and left THR (total hip replacement) (undated); cervical spine strain with right upper extremity radiculopathy; right sided occipital headaches/ neuralgia. Conservative care has included medications, physical therapy, epidural steroid injections, and modified activities/rest. Report of 4/21/14 from the provider noted the patient with chronic head and neck pain. Exam showed limited cervical range of motion in all planes with pain on extension; significant tenderness with reproduction of occipital headaches of greater occipital nerve on right; 5-/5 with finger extension; otherwise 5+ equal bilaterally; slightly reduced reflexes of 1+ equal symmetrical; positive Spurling's radiating to 4th and 5th digits. MRI of the cervical spine dated 7/11/12 showed 3 mm posterior disc protrusion at C6-7 with pressure over thecal sac with mild narrowing of right neural foramen unchanged from study on 7/24/09. Medications were continued and list Cyclobenzaprine, Lisinopril, Aspirin, Wellbutrin, Prozac, Lidoderm, and Baclofen. Request included heel insert. The request(s) for Left Heel Orthotic Insert was non-certified on 5/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Heel Orthotic Insert: 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), Treatment Index, 11th Edition (web), 2013, Knee & Leg, Insoles, Recommendations for lateral wedge insoles for medial knee osteoarthritis include.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle & Foot, Orthosis, page 7.

Decision rationale: According to ODG, rigid 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. Additionally, shoe modification may be an option in the conservative care for ankle fusion, non- or malunion of fracture, or traumatic arthritis with objective findings on imaging and clinical exam not presented here. The Left Heel Orthotic Insert is not medically necessary and appropriate.