

Case Number:	CM14-0091059		
Date Assigned:	09/15/2014	Date of Injury:	03/13/2000
Decision Date:	10/22/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 injured worker is a 65 year-old female who was reportedly injured on 3/13/2000. The most recent progress note dated 9/10/2014, indicates that there were ongoing complaints of neck pain, right upper extremity pain, and low back pain. The physical examination demonstrated lumbar spine: decreased range of motion, positive tenderness to palpation paraspinal muscles right more than left, positive camps test bilaterally, muscle strength 5/5 on the right and 4/5 on the left. Reflexes 2+ equal bilaterally. No recent diagnostic studies were available for review. Previous treatment includes medication and conservative treatment. A request was made for custom orthotics for bilateral feet and was not certified in the pre-authorization process on 5/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom orthotics for bilateral feet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation Low Back Procedure Summary last updated 3/31/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Ankle & Foot (Acute & Chronic) - Orthotic Devices: (Updated 7/29/2014).

Decision rationale: MTUS/ACOEM practice guidelines does not recommend custom orthotics. ODG supports orthotics for pes planus, leg length discrepancies, plantar fasciitis and foot pain in rheumatoid arthritis. Review of the available medical records fails to document any of the above stated guideline criteria for this request. As such, custom fit orthotics are not considered medically necessary.