

Case Number:	CM14-0132969		
Date Assigned:	08/22/2014	Date of Injury:	11/16/2012
Decision Date:	04/13/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Podiatrist

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 35-year-old female, who sustained an industrial injury on 11/16/2012. Initial complaints reported included neck, back and shoulder pain and injury resulting from slipping and falling. The initial diagnoses were not discussed. Treatment to date has included conservative care, medications, physical therapy, functional capacity evaluation, MRIs, electrodiagnostic studies, radiographic studies, and consultations. At the time of the request for authorization, the injured worker complained of constant and moderate neck and low back pain, intermittent and moderate bilateral shoulder pain, difficulty sleeping, depression, anxiety and irritability. Diagnoses at this time included cervical myospasms, radiculopathy, and strain/sprain, rule out cervical disc protrusion, lumbar pain, myospasms, radiculopathy and strain/sprain, right shoulder pain, strain/sprain, and impingement syndrome, left shoulder pain, strain/sprain and impingement syndrome, disruption of sleep, loss of sleep, sleep disturbance, depression, anxiety and nervousness. The treatment plan included orthopedic and pain management consultations, podiatry consultation and evaluation, chiropractic therapy, physical therapy, and localized intense neurostimulation therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom orthotics to correct altered biomechanics: Upheld

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

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

Decision rationale: On 4/18/2014, it is noted in a physician progress note that this patient is being referred to podiatry for custom functional orthotics to correct their altered biomechanics. There is no mention in the progress notes of this patient suffering with painful heels, plantar fasciitis, or metatarsalgia. MTUS guidelines state that custom functional orthotics are recommended for patients who suffer with plantar fasciitis and or metatarsalgia. Once again there is no documentation to advise that this patient is suffering with any of these painful conditions.