MAXIMUS Federal Services

Case Number:	CM14-0193868		
Date Assigned:	12/01/2014	Date of Injury:	10/02/1998
Decision Date:	01/14/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/19/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 is a 56-year-old female with a 10/2/98 date of injury. According to a progress report dated 10/3/14, the patient presented for a follow-up evaluation on back pain and left lower extremity symptoms. She had significant weakness postoperatively in her left quadriceps, pain in her anterior thigh, and numbness in her left knee area, but has improved with physical therapy. The provider has requested a podiatry consult to evaluate the patient for an orthotic shoe with additional height to help improve her walking and posture due to her significant leg length discrepancy and her fixed toe deformity. She has tried to put orthotic supports in her shoes, but they slip out and do not provide her the amount of height that she needs to correct her gait. Objective findings: fixed, mildly forward position with lean to the right due to L1 through S1 fusion for scoliotic deformity; decreased sensation over the L4 dermatome on the left; 4/5 quadriceps weakness on the left. Diagnostic impression: status post L1 through S1 fusion on 4/23/14, left L4 sensory deficit with quadriceps weakness. Treatment to date: medication management, activity modification, physical therapy, surgery.A UR decision dated 10/22/14 denied the request for 1 podiatry consultation. In a previous review on 9/15/14, a request for certification for custom-made shoes was recommended non-certified. Since orthotic shoes are not medically necessary, a podiatry consult regarding orthotic shoes is not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Podiatry consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371,Chronic Pain Treatment Guidelines 9792.23.7 Ankle and Foot Complaints; 9792.23 Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations, page(s) 127, 156 Official Disability Guidelines (ODG) Pain Chapter - Office Visits; Low Back Chapter - Shoe insoles/shoe lifts

Decision rationale: CA MTUS states that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. According to ODG, shoe insoles/shoe lifts may be recommended for a significant leg length discrepancy (2/3cm) or with prolonged walking requirements. CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In the present case, the provider has requested a podiatry consult to evaluate the patient for an orthotic shoe with additional height to help improve her walking and posture due to her significant leg length discrepancy and her fixed toe deformity. However, there is no documentation of the patient's leg length discrepancy to determine if it is significant. In addition, there is no documentation that this patient has prolonged walking requirements. Because the medical necessity of orthotic shoes has not been established, this associated request for a podiatry consult cannot be substantiated. Therefore, the request for Podiatry consultation was not medically necessary.