

Case Number:	CM14-0200446		
Date Assigned:	12/11/2014	Date of Injury:	12/01/2005
Decision Date:	01/29/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/02/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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 59 year old female with an accumulative use work related injury dated 12/01/2005 while working as a flagger. According to a worker's compensation progress note dated 10/02/2014, the injured worker presented for a follow up for her foot neuromas. The injured worker declined an injection and was not sure if she was interested in having a surgery right now, but discussed orthotic shoes. According to an initial occupational visit dated 09/19/2014, diagnoses included chronic bilateral foot pain, status post surgery for two neuromas in the left foot, more recent new neuroma in the left foot, and history of two neuromas in right foot. Treatments have consisted of surgery, injections, use of ice or heat, orthotics, and medication. Diagnostic testing was not noted in received medical records. Work status is noted as permanent and stationary. On 11/19/2014, Utilization Review non-certified the request for a Pair of Orthopedic Shoes, Bilateral Feet citing California Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine and Official Disability Guidelines. The Utilization Review physician stated the injured worker was not noted to have knee osteoarthritis and a clear rationale for the medical necessity of a pair of orthotics for the bilateral feet was not evident in the submitted records. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pair of orthopedic shoes 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 (ODG) Knee and Leg, footwear, knee arthritis

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

Decision rationale: Per ACOEM guidelines: "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." The documentation submitted for review provides no rationale or support for the request. It is not addressed in the treatment plan in the submitted progress reports, nor is there clinical data provided to support the use of a custom orthotic for the injured worker's diagnoses. The request is not medically necessary.