

Case Number:	CM14-0043295		
Date Assigned:	06/30/2014	Date of Injury:	11/25/1997
Decision Date:	12/21/2015	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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: Texas, California

Certification(s)/Specialty: Family Practice

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 was a 63 year old female, who sustained an industrial injury, November 25, 1997. The injured worker was undergoing treatment for low back pain right side worse than the left, flexion contractures of all the toes of the left foot, lower back stiffness, right foot pain, right toes flexing on their own, pain and numbness to the right groin and down most of the right lower extremity and right lower extremity weakness, chronic pain syndrome, lumbosacral spondylosis without myelopathy and disc displacement with radiculitis. According to progress note of February 26, 2014, the injured worker's chief complaint was low back pain; right leg was getting weaker and new pain in the right pelvis. The pain was rated at 4-5 out of 10 and worse pain was 8 out of 10. The objective findings were the injured worker was having trouble with the left foot as the left great toe went under the other 4 toes and weakness with ROM. The injured worker previously received the following treatments Norco, Ultram, physical therapy, Lidoderm Patches, Mobic, Ultram, Fioricet, Aspirin and Flexeril. The patient's surgical history included bilateral CTR. Patient had received lumbar ESI for this injury. A recent detailed clinical evaluation note of the treating physician was not specified in the records provided. A recent detailed physical examination of the left foot was not specified in the records specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with orthotist for AFO fitting for the left foot, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: Per the cited guidelines, "The occupational 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." A recent detailed clinical evaluation note of the treating physician was not specified in the records provided. A recent detailed physical examination of the left foot was not specified in the records specified. Significant recent functional deficits that would require a consult with orthotist for AFO fitting for the left foot were not specified in the records provided. A detailed rationale for the consult with orthotist for AFO fitting for the left foot was not specified in the records provided. The request for Consult with orthotist for AFO fitting for the left foot, as an outpatient is not medically necessary or fully established for this patient.