

Case Number:	CM14-0063910		
Date Assigned:	07/11/2014	Date of Injury:	03/18/2011
Decision Date:	04/16/2015	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/07/2014

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 56 year old male, who sustained an industrial injury on 3/18/11. The injured worker has complaints of intractable right knee, left ankle and low back pain. The diagnoses have included pain in joint lower leg, status post right med and lateral meniscetomies; disorders sacrum, sympathetic pain left hip, knee and ankle and chronic pain. Treatment to date has included aquatic therapy; right knee surgery 7/22/11; immobilizing using a camwalker and heel lift and medications. The documentation noted that he has plateaued in terms of his weight and remains around 25 pounds lighter since starting. According to the utilization review performed on 4/28/14, the requested Custom foot orthotics for the right and left foot has been non-certified. CA MTUS, ACOEM, OMPG, Second Edition (2004), chapter 14, page 370 Orthotics and Night Splints; ACOEM 2004 OMPG Ankle/Foot chapter 14, page 370 Rigid Orthotics were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom foot orthotics for the right and left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

Decision rationale: According to the ACOEM 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. In this case the patient doesn't have a diagnosis of plantar fasciitis and metatarsalgia. The most recent office visit with the prescribing physician didn't include an exam of the lower extremity. The use of custom orthotics are not supported by the documentation.