

Case Number:	CM15-0002201		
Date Assigned:	01/13/2015	Date of Injury:	06/12/1996
Decision Date:	03/16/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/06/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68-year-old female who reported an injury on 06/12/1998. The mechanism of injury was not provided. She was diagnosed with chronic pain. Other therapies were noted to include water aerobics, physical therapy, surgery, medications, and a back brace. On 12/08/2014, the injured worker was in for an orthopedic follow-up examination. The injured worker reported moderate intermittent pain. Pain was localized in the back and both legs. On physical examination, she was noted to have a balanced and symmetrical gait. Her current medications were not provided. The treatment plan was noted to include a recommendation for surgery, a referral to see another doctor, and a revision of her abdominal hernia scar. A request was submitted for custom orthotics (pair); however, the rationale for the request was not provided. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Orthotics (Pair): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 371 and ODG, Web Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic devices.

Decision rationale: The request for custom orthotics (pair) is not medically necessary. The California MTUS/ACOEM Guidelines state rigid orthotics may reduce pain experienced during walking, and may reduce more global measures of pain and disability for patient's with plantar fasciitis and metatarsalgia. More specifically, the Official Disability Guidelines recommend for plantar fasciitis and for foot pain and rheumatoid arthritis. The clinical documentation submitted for review does not provide evidence that the injured worker was diagnosed with plantar fasciitis or rheumatoid arthritis. Additionally, upon physical examination, there was no reported foot pain. Given the above information, the request is not supported by the guidelines. As such, the request for custom orthotics (pair) is not medically necessary.