

Case Number:	CM15-0002713		
Date Assigned:	01/13/2015	Date of Injury:	08/26/2013
Decision Date:	03/09/2015	UR Denial Date:	12/23/2014
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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female, who sustained a work related injury on 8/26/13. The diagnoses have included lumbar sprain/strain, lumbar disc protrusion and chronic back pain. Treatment to date has included physical therapy, acupuncture, oral medications, nerve conduction studies, MRI of lumbar spine and x-rays. Currently, the injured worker complains of chronic back pain and has an abnormal gait when walking. There are tender areas on bilateral feet. On 12/23/14 Utilization Review request was made for custom made orthotics (1 pair) and was Modified to pre-fabricated (off the shelf) orthotics 1 pair, noting the treatment is determined to be medically necessary but the condition cannot be related to the industrial injury in the documentation. The ACOEM and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Made Orthotics (1 pair): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS Guidelines support the use of orthotics for foot pain, however the Guidelines are not specific enough to recommend what type of orthotics are medically reasonable. ODG Guidelines do provide this detail and the Guidelines point out that quality off the shelf orthotics have greater success for many condition than custom orthotics. The Guidelines recommend a reasonable trial of off the shelf orthotics prior to custom orthotics for the reported condition that this patient has. Under these circumstances, the request for custom made orthotics (1 pair) is not consistent with Guidelines and is not medically necessary.