

Case Number:	CM15-0104908		
Date Assigned:	06/09/2015	Date of Injury:	12/20/2011
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, Florida, 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 40-year-old male, with a reported date of injury of 12/20/2011. The diagnoses include chronic lumbar strain with possible radiculopathy. Treatments to date have included orthotics, and x-rays of the lumbar spine. The medical report dated 10/15/2012 indicates that new orthotics was dispensed to the injured worker. The physical medicine and rehabilitation report dated 04/07/2015 indicates that the injured worker complained of low back pain and pain in the right and left buttock with radiation to both knees. It was noted that the injured worker had chronic plantar fasciitis due to a work injury. An examination of the lumbar spine showed a normal gait; normal heel-toe walking; full range of motion with pain; tenderness to palpation of the paraspinal muscles; negative straight leg raise test; and normal sensory examination of the lower extremities. The medical report dated 04/21/2015 indicates that the treating physician requested replacement pairs of orthoses and related treatments. It was noted that there was material failure, useful life, and a return of symptoms for the injured worker. It was also noted that the treatment had been helping him to work without restrictions and allowed him to do the physical activities required of the job and also activities of daily living, including in his case physical fitness. The treating physician requested Orthotics times four (4) units; casting supplied times two (2); range of motion times two (2); muscle testing times two (2); and impression of feet times two (2).

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics quantity: 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Harris J. Occupational Medicine Practice Guidelines, 2nd Edition, page 367-377.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Foot, under Orthotics.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the foot section: Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. See also Prostheses (artificial limb). Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). (Thomas, 2010) Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. Bilateral orthotics: Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems. (Song, 2009) This claimant was injured about 2.5 years ago. There is chronic low back pain. The orthotics are being dispense for back pain. The lumbar spine exam however showed a normal gait. There is a normal sensory examination. There is no mention of foot issues or disorders. The request is not medically necessary.

Casting supplied quantity: 2: 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), Treatment in Workers Compensation (TWC): Chapter Ankle & Foot last updated 03/28/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Foot, under Orthotics.

Decision rationale: Casting is used to address instability, and may also be used to make orthotics. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the foot section: Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. See also Prostheses (artificial limb). Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). (Thomas, 2010) Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than

eight hours per day. Bilateral orthotics: Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems. (Song, 2009) This claimant was injured about 2.5 years ago. There is chronic low back pain. The orthotics are being dispense for back pain. The lumbar spine exam however showed a normal gait. There is a normal sensory examination. There is no mention of foot issues or disorders. The role of the casting is not clear. The request is not medically necessary.

Range of motion measurement quantity: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, under Range of motion.

Decision rationale: This claimant was injured about 2.5 years ago. There is chronic low back pain. The orthotics are being dispense for back pain. The lumbar spine exam showed a normal gait. There is a normal sensory examination. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes such testing is part of a routine clinical musculoskeletal examination done by providers during routine office visits. It is not clear why therefore it would need to be requested as a special service. The ODG notes: Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. (Parks, 2003) (Airaksinen, 2006) they do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. (Andersson, 2000) Therefore, the requests are not medically necessary.

Muscle testing quantity: 2: 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), Treatment in Workers Compensation (TWC): Knee and Leg (Acute and Chronic) last updated 05/05/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, under Range of motion.

Decision rationale: This claimant was injured about 2.5 years ago. There is chronic low back pain. The orthotics are being dispense for back pain. The lumbar spine exam showed a normal gait. There is a normal sensory examination. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request.

Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes such testing is part of a routine clinical musculoskeletal examination done by providers during routine office visits. It is not clear why therefore it would need to be requested as a special service. The ODG further notes: Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. Therefore, the request for muscle testing is not medically necessary, as it is already accomplished as a part of basic physical examination.

Impression of feet quantity: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Foot, under Orthotics.

Decision rationale: This claimant was injured about 2.5 years ago. There is chronic low back pain. The orthotics are being dispense for back pain. The lumbar spine exam showed a normal gait. There is a normal sensory examination. Feet impressions are used for making orthotics; which was not certified in this case. As such, the need for feet impressions is not established. Specifically, the current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the foot section: Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. See also Prostheses (artificial limb). Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciitis, heel spur syndrome). (Thomas, 2010) Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. Bilateral orthotics: Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems. (Song, 2009) This claimant was injured about 2.5 years ago. There is chronic low back pain. The orthotics are being dispense for back pain. The lumbar spine exam however showed a normal gait. There is a normal sensory examination. There is no mention of foot issues or disorders. The role of the casting is not clear. The request does not meet certification criteria. Feet impressions are used for making orthotics; which was not certified in this case. As such, the need for feet impressions is not medically necessary.