

Case Number:	CM15-0011005		
Date Assigned:	01/27/2015	Date of Injury:	06/13/2014
Decision Date:	04/09/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/16/2015

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: North Carolina, Georgia
 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 is a 47-year-old male with an industrial injury dated 07/18/2014. The mechanism of injury is documented as repetitive injury while employed cutting meat by hand and slicer, pulling meat from freezer to workstation and carrying boxes around 50-85 pounds on an hourly basis. He stated due to these repetitive activities, he developed pain in his upper back, low back and right hand. He presents on 12/12/2014 complaining of pain in bilateral lower extremities and weakness along with instability. He rates the pain as 6/10 in bilateral lower extremities and underneath both heels and arches. Physical examination noted pain with palpation of bilateral calcaneal bodies. There was pain with palpation of bilateral tibia/fibular shafts, bilateral talocalcaneal joints and bilateral plantar fascia with activation of windlass mechanism. Ankle joint dorsiflexion on both sides was decreased by 10% and gait was antalgic. MRI of lumbar spine dated 10/09/2014 is documented in the 12/12/2014 note. Prior treatments include medications and diagnostics. Diagnosis: Lumbar radiculitis; Lumbar sprain/strain; Plantar fasciitis; Pes cavus deformity pain. On 01/05/2015, the request for custom made orthotics (left and right) for the low back was non-certified. The request for orthotic training was also denied as the request for custom made orthotics was non-certified. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom-Made Orthotics (left and right) for the low back: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Orthotics.

Decision rationale: CA MTUS is silent on the issue of orthotics. ODG states that orthotics is recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome). Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. In this case, a trial has not been undertaken with a prefabricated orthotic. Absent this documentation, the requested custom orthotic is not medically necessary.

Orthotic Training: 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, Ankle, Orthotic.

Decision rationale: CA MTUS is silent on the issue of orthotics. ODG states that orthotics is recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. In this case, a trial has been undertaken with a prefabricated orthotic but there is no documentation of the response of the claimant to this treatment. Absent this documentation, the requested custom orthotic is not medically necessary and orthotic training is therefore not medically necessary.