

Case Number:	CM15-0015682		
Date Assigned:	02/03/2015	Date of Injury:	12/14/2006
Decision Date:	05/01/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 57 year old female sustained a work related injury on 12/14/2006. According to a progress note dated 12/10/2014, subjective complaints included neck pain that radiated down the left upper extremity, low back pain that radiated down the bilateral extremities and to the bilateral feet. The injured worker's pain was accompanied by numbness constantly in the bilateral lower extremities to the level of the hips, thighs, knees, calves, feet and toes and muscle weakness in the bilateral lower extremities. Pain was rated 7-8 on a scale of 1-10 on average with medications and 8-9 without medications since the last visit. The injured worker reported limitations with self-care and hygiene, activity, ambulation, hand function, sleep and sex. Chiropractic therapy and current medication was helpful. Diagnoses included chronic pain, lumbar radiculopathy, status post fusion lumbar spine, status post spinal cord stimulator removal and status post hardware removal. The injured worker was currently not working. On 12/30/2014, Utilization Review non-certified Orthotic Shoes. According to the Utilization Review physician, there was no evidence of metatarsalgia or plantar fasciitis. The provided records did not indicate that there was a significant leg length discrepancy. The injured worker was not currently working and there was no evidence that the injured worker would be standing for prolonged periods of time. Guidelines cited for this review included CA MTUS ACOEM Guidelines and the Official Disability Guidelines. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotic Shoes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 379 and 370-372. 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 Orthotic Devices, <<http://www.worklossdatainstitute.verioiponly.com/odgtwc/ankle.htm>.

Decision rationale: According to ODG guidelines, 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, and 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. (Crawford, 2003) As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. The percentages improved in each group were: (1) silicone inserts 95%; (2) rubber inserts 88%; (3) felt insert, 81%; (4) Achilles tendon and plantar fascia stretching only, 72%; and (5) custom orthosis, 68%. Evidence indicates mechanical treatment with taping and orthoses to be more effective than either anti-inflammatory or accommodative modalities in the treatment of plantar fasciitis. For ankle sprains, the use of an elastic bandage has fewer complications than taping but appears to be associated with a slower return to work, and more reported instability than a semi-rigid ankle support. Lace-up ankle support appears effective in reducing swelling in the short-term compared with semi-rigid ankle support, elastic bandage and tape. For hallux valgus the evidence suggests that orthoses and night splints do not appear to be any more beneficial in improving outcomes than no treatment. There is no documentation that the patient developed fasciitis and metatarsia. Therefore the request for Orthotic Shoes is not medically necessary.