

Case Number:	CM15-0016477		
Date Assigned:	02/04/2015	Date of Injury:	06/12/1996
Decision Date:	04/02/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	01/28/2015

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: 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 68 year old female who sustained an industrial injury on 06/12/1996. Mechanism of injury, occupation and current work status were not found in records reviewed. She complains of knee pain. Treatment to date has included walking and strengthening, and orthotics. A physician progress note dated 12/17/2014 documents the injured worker is overall doing well. She is requesting replacement orthotics. She wears orthotics regularly. She has pronated feet, painful flat feet, bilateral knee pain and patellofemoral pain. Treatment requested is for custom orthotics (replacements). The pes planus has progressed a bit since her last pair of orthotics was made for her. On 01/28/2015 Utilization Review non-certified the request for custom orthotics (replacements), and cited was California Medical Treatment Utilization Schedule (MTUS)-ACOEM, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Orthotics (replacements): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

Decision rationale: According to guidelines rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. According to the patient's medical records there is no indication for orthotics that would match the diagnosis or why it is needed and thus is not medically necessary.