

Case Number:	CM15-0132416		
Date Assigned:	07/20/2015	Date of Injury:	04/18/2002
Decision Date:	08/17/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/09/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female who sustained an industrial injury on 4-18-02. Diagnoses are lumbar musculoligamentous sprain-strain with moderate disc protrusion; flare-up, right knee arthritis, and gait dysfunction secondary to pes planus. In a progress report dated 6-11-15, the treating physician notes persistent pain in the lower back rated as 6 out of 10, and is constant and radiating down into the left leg. Right knee pain is rated as 3-4 out of 1, intermittent and slightly improving. Pain is made better with medication and worse with activities and weather. She takes Ibuprofen. The fifth Sodium Hyaluronate injection was administered to the right knee. She states there is less grinding and easier and less pain with ambulation. The treatment plan is for bilateral custom orthotics in an attempt to help control her back pain and increase function as well as to keep her working. The physical therapy to the lumbar spine start date is pending scheduling. Work status is to return to modified work on 6-11-15 with restriction of no use of work boots, comfortable shoes only and if restricted duty is not available, she is considered temporarily totally disabled. The requested treatment is bilateral custom orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral custom orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Shoe Insoles/shoe lifts.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic Devices.

Decision rationale: Regarding the request for custom orthotics, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. 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. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with plantar fasciitis or foot pain in rheumatoid arthritis. There is no documentation of a trial with a prefabricated orthosis or a statement that the orthosis will be needed for long-term pain control. In the absence of such documentation, the current request for custom orthotics is not medically necessary.