

Case Number:	CM15-0132516		
Date Assigned:	07/20/2015	Date of Injury:	01/31/1997
Decision Date:	08/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 60 year old male who sustained an industrial injury on January 31, 1997. He has reported bilateral knee pain left worse than right and reports left S1 joint pain and coccyx pain and has been diagnosed with meniscus tear, sacroiliac ligament sprain and strain, chondromalacia knee-patella, status post knee repair, and sacral fracture. Treatment has included medications, medical imaging, heat, and acupuncture. There was tenderness to palpation to the lumbar SI joint. There was a positive Faber on the left. There was tenderness to palpation at the retropatellar space and medial joint line with no effusion. Duragesic patch is most helpful in reducing pain and allows them to walk and perform activities of daily living. The treatment request includes right full length semi rigid orthotics with matching arches and left full length semi rigid orthotics with built in 1 cm heel lift.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right full length semi rigid orthotics with matching arches: 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), Ankle and Foot, Orthotic devices.

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

Decision rationale: Per ACOEM guidelines: "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." Per progress report dated 6/18/15: "Examination of his right and left lower extremities does indicate the left lower extremity to be approximately a 1 to 1.5 cm discrepancy. The left side is shorter than his right lower extremity. This was measured from the anterosuperior iliac spine to his medial malleolus in the right and the left lower extremity. Overall alignment of the right and the left lower extremity does indicate hind foot valgus to be approximately 3 degrees, excellent medial arch with no significant varus or valgus deformity in the hind foot or in the forefoot. He does have a heel lift in the left lower extremity and, with that, his gait is controlled nicely." The documentation submitted for review provides no rationale or support for the request. The injured worker is not diagnosed with metatarsalgia or plantar fasciitis. The request is not medically necessary.

Left full length semi rigid orthotics with built in 1cm heel lift: 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), Ankle and Foot, Orthotic devices.

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

Decision rationale: Per ACOEM guidelines: "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." Per progress report dated 6/18/15: "Examination of his right and left lower extremities does indicate the left lower extremity to be approximately a 1 to 1.5 cm discrepancy. The left side is shorter than his right lower extremity. This was measured from the anterosuperior iliac spine to his medial malleolus in the right and the left lower extremity. Overall alignment of the right and the left lower extremity does indicate hind foot valgus to be approximately 3 degrees, excellent medial arch with no significant varus or valgus deformity in the hind foot or in the forefoot. He does have a heel lift in the left lower extremity and, with that, his gait is controlled nicely." The documentation submitted for review provides no rationale or support for the request. The injured worker is not diagnosed with metatarsalgia or plantar fasciitis. The request is not medically necessary.