

Case Number:	CM15-0144374		
Date Assigned:	08/05/2015	Date of Injury:	05/01/2011
Decision Date:	09/01/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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

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 55 year old female patient who sustained an industrial injury on May 01, 2011. A primary treating office visit dated January 16, 2015 reported the patient with subjective complaint of severe insomnia has gotten worse over the past few months and is requesting a prescription for Ambien. She is with continued subjective complaint of constant left lower back and left lower extremity (hip, knee) and into right back and leg. She continues limping after a large leg discrepancy following a left total hip replacement. There was noted recent approval to see a podiatrist pending scheduling. The patient reports having difficulty being consistent with home exercise program as well as attending gym time visits. She did complete a functional restoration program. Current medications are: Lidoderm % 5 patch, Ultracet 37.5mg and Ambien. There was note of Ultram having been previously denied back in December of 2014. The following diagnoses were applied: degeneration of lumbar intervertebral disc; enthesopathy of shoulder region; shoulder joint pain; chronic pain syndrome; and insomnia. There is recommendation to undergo session of behavioral therapy. The patient is to remain permanent and stationary. A more recent primary treating office visit dated June 29, 2015 reported the patient had been administered an injection approximately two months previously with a small amount of improvement in pain. Current medications noted Tramadol, Flector patches, Lidoderm, Ambien, and Voltaren gel. There is also recommendation to be re-evaluated and properly fitted for durable medical equipment, orthotic shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase pair of diabetic shoes for lumbar spine: 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), Back Pain: Shoe Inserts.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare, diabetic shoes.

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service as prescribed. Medicare statement on diabetic shoes states they are indicated in patients with diabetes who have evidence on exam on diabetic ulcer, poor circulation, diabetic neuropathy or excessive callus formation. The patient does not have diagnosis of diabetes due to industrial incident and has no exam findings recorded that merit diabetic shoes. The request is not medically necessary.