

Case Number:	CM15-0167999		
Date Assigned:	09/08/2015	Date of Injury:	11/05/2014
Decision Date:	10/07/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/26/2015

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 35 year old female, who sustained an industrial injury on 11-5-14. Treatment to date has included immobilization soft cast medical surgical shoe, bracing, walker, medications, orthotics and other modalities. A review of the medical records indicates that the injured worker is undergoing treatment for sprain of the left foot, sprain of ankle and instability. Medical records dated from 1-30-15 to 7-24-15 indicate the injured worker had complaint of left ankle and foot pain. The objective findings-physical exam from 1-30-15 to 7-24-15 reveals that there is pain to direct palpation of the foot and ankle. The pain is rated 3-6 out of 10 on pain scale. The injured worker is having difficulty with the Achilles tendon as well as back, hip, lower extremities, sciatic notch and bilateral greater trochanter pain due to compensatory gait and pain in the foot and ankle area. The injured worker has instability with standing and walking with frequent re-tweaking of ankle due to instability. She is presently worse than previously as she has been standing on cement surfaces at work. There is also pain in the left heel plantar area and pain is rated 4-5 out of 10 and secondary to her back symptoms. The work status is modified with restrictions. The physician requested treatments included Purchase of low back brace and orthopedic shoes with custom inserts. The original UR dated 8-5-15 non-certified the low back brace purchase and modified the orthopedic shoes times 1 pair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of low back brace: 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), Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints .Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.

Orthopedic shoes with custom inserts: 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).

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

Decision rationale: The ACOEM chapter on foot and ankle complaints states: 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. The patient does not have either of these documented diagnoses and therefore the request is not medically necessary.