

Case Number:	CM15-0168427		
Date Assigned:	09/09/2015	Date of Injury:	06/24/2008
Decision Date:	10/13/2015	UR Denial Date:	08/03/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old male sustained an industrial injury on 6-24-08. Diagnoses include myoligamentous sprain and strain of both shoulder and myoligamentous sprain and strain of the lumbar spine. Treatments to date include MRI testing, TENS treatment, physical therapy and prescription pain medications. The injured worker has continued complaints of back, neck, lower extremity and shoulder pain. The injured worker has continued to work regular duty. Examination of the lumbar spine reveals tenderness in the sacroiliac area bilaterally and range of motion is mostly normal. Examination of the lower extremities was mostly negative. He ambulates with a normal gait. A pain scale was not noted in the medical documentation. A request for Custom molded orthotics (bilateral) with reinforced longitudinal arch support was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom molded orthotics (bilateral) with reinforced longitudinal arch support: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic devices.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter under Orthotics.

Decision rationale: The patient was injured on 06/25/08 and presents with pain in his lower back, bilateral shoulders, cervical spine, hips, legs, ankles, and feet. The request is for a Custom molded orthotics (bilateral) with reinforced longitudinal arch support. There is no RFA provided and the patient is working without any restrictions. MTUS/ACOEM chapter 14, Ankle and Foot Complaints, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG-TWC, Ankle and Foot Chapter under Orthotics states: "both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses and people who stand for more than 8 hours per day." ODG-TWC, Knee & Leg Chapter under Insoles states: "Recommended as an option. Recommend lateral wedge insoles in mild OA but not advanced stages of OA." The patient is diagnosed with myoligamentous sprain and strain of both shoulder and myoligamentous sprain and strain of the lumbar spine. Treatments to date include MRI testing, TENS treatment, physical therapy and prescription pain medications. ACOEM and ODG Guidelines support orthotics for plantar fasciitis and plantar heel pain, which this patient does not present with. This request does not meet the guideline criteria. Therefore, the request is not medically necessary.