

Case Number:	CM15-0183769		
Date Assigned:	10/14/2015	Date of Injury:	07/26/2014
Decision Date:	11/24/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 62 year old female who sustained an industrial injury on 7-26-14. The injured worker reported pain in the back with radiation to the lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for bilateral tarsal tunnel syndrome. Medical records dated 10-19-15 indicate pain rated at 9 out of 10. Provider documentation dated 10-19-15 noted the work status as temporary totally disabled. Treatment has included electromyography (10-14-15), nerve conduction velocity study (10-14-15), lumbosacral spine magnetic resonance imaging, left ankle magnetic resonance imaging, right ankle magnetic resonance imaging, brace, Tylenol, heat and cold packs, radiographic studies, insoles, metatarsal foot pads, Lyrica since at least June of 2015 and a compound cream since at least June of 2015. Objective findings dated 10-19-15 were notable for antalgic gait, decreased lumbosacral spine range of motion, paraspinal tenderness, and bilateral positive straight leg test, and decreased sensation in medial and lateral foot, positive calcaneal tenderness over plantar fascial insertion, Baxter's point, medial and lateral gutters of ankle joint bilaterally with decreased sensation bilaterally in tibial nerve distribution. The original utilization review (8-18-15) denied a request for Custom-molded orthotics, 1 (one) pair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom-molded orthotics, 1 (one) pair: 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 Chapter - Orthotic Devices.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

Decision rationale: Guidelines state that a detailed and thorough medical history must be obtained with relevant complaints, diagnostic imaging results, and treatments instituted thus far, prior to therapy including custom molded orthotics. In this case, current subjective and objective findings are not documented and records do not establish failure of physical therapy and prefabricated shoe inserts. The request for custom molded orthotics is not medically appropriate and necessary.