

Case Number:	CM15-0189772		
Date Assigned:	10/01/2015	Date of Injury:	08/27/1996
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 71-year-old who has filed a claim for chronic knee and foot pain reportedly associated with an industrial injury of August 29, 1996. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve requests for custom-molded orthotics for the feet. The claims administrator referenced an August 18, 2015 office visit and an associated RFA form of August 27, 2015 in its determination. The applicant's attorney subsequently appealed. On September 13, 2015, the applicant reported ongoing complaints of knee and leg pain. The applicant was asked to pursue 12 additional sessions of physical therapy, obtain orthotics, and employ OxyContin and Xanax while remaining off of work, on total temporary disability. The applicant was described as having issues with flat feet, associated foot pain, and knee arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom molded orthotics for the feet: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic).

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

Decision rationale: Yes, the request for custom-molded orthotics for the feet was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370, rigid orthotics are recommended in the treatment of metatarsalgia, as was seemingly present here on the date in question, September 17, 2015. The applicant was described as having foot pain complaints associated with metatarsalgia and superimposed flat feet, the treating provider reported on that date. Introduction of orthotics was indicated to ameliorate the same, as suggested in the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370. Therefore, the request was medically necessary.