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| Case Number: | CM15-0195850 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 04/03/1998 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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 Jersey, New York
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:

This 47 year old woman sustained an industrial injury on 4-3-1998. Diagnoses include lumbosacral disc protrusion, musculoligamentous strain of the cervical spine, musculoligamentous strain of the thoracic spine, musculoligamentous strain of the lumbar spine, cervical spine disc bulges, lumbar spine disc bulges, and lumbar radiculopathy. Treatment has included oral medications and lumbar spine transforaminal epidural steroid injection. Physician notes dated 8-6-2015 show complaints of neck apian rated 8 out of 10 with throbbing and radiating to the bilateral upper arms with numbness and tingling and low back pain rated 9 out of 10 with aching and throbbing with radiation to the right leg and bilateral feet with tingling and burning. The physical examination shows tenderness over the right posterior superior iliac spine. Recommendations include continue using lumbar criss-cross brace, orthopedic shoes, and follow up in two to three months. Utilization Review denied a request for orthopedic shoes on 9-8-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pair orthopedic shoes: 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), Ankle & Foot: Shoes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoes- knee/leg.

Decision rationale: The request is considered not medically necessary. MTUS guidelines do not address the use of orthopedic shoes. According to ODG guidelines, the use of shoes is recommended for osteoarthritis of the knee. There is no documentation of the patient having this diagnosis. The patient had lumbar spine complaints. Therefore, the request is not medically necessary.