MAXIMUS Federal Services

Case Number:	CM15-0196645		
Date Assigned:	10/12/2015	Date of Injury:	10/12/1993
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/06/2015

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:

The injured worker is a 45 year old male, who sustained an industrial injury on October 12, 1993. The injured worker was diagnosed as having carpal tunnel syndrome, contusion of the thigh, contusion of the knee, and osteoarthritis unspecified whether generalized or localized involving other specified sites. Treatment and diagnostic studies to date has included use of a cane, status post left hip replacement, laboratory studies, and medication regimen. In a progress note dated June 25, 2015 the treating physician reports a "slight decrease" of left hip pain with burning low back pain. Examination performed on June 25, 2015 was revealing for lumbar paraspinal muscle spasms, pain with left straight leg raise, decreased range of motion to the left hip, tenderness to the tensor fasciae latae region, tenderness to the left buttock, gluteal and soft tissue myofascial tightness, left anterior superior iliac spine tenderness, groin tenderness, positive Thomas test, crepitus to the left knee, and an antalgic gait. In a progress note from July 28, 2015 the examination revealed chronic regional musculoskeletal pain, leg length discrepancy, and lumbar spondylosis. On June 25, 2015 the treating physician requested orthopedic shoes, but the progress note did not indicate the specific reason for the requested equipment. On September 11, 2015 the Utilization Review determined the request for orthopedic shoes (one pair) for left hip injury to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic shoes (one pair) for left hip injury: 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) Treatment Index, 11th Edition (web) 2013, Knee and Leg (updated 7/10/2015), Footwear, knee arthritis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthosis, page 7.

Decision rationale: Per ODG, orthosis is recommended as an option for foot drop such as an ankle foot orthosis (AFO) is used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability and can provide rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. Submitted reports have not demonstrated the indication, clinical findings, or medical necessity for this unspecified orthopedic shoe for a hip injury. The Orthopedic shoes (one pair) for left hip injury is not medically and appropriate.