

Case Number:	CM15-0204590		
Date Assigned:	10/21/2015	Date of Injury:	02/06/2015
Decision Date:	12/03/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	10/19/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 56 year old male, who sustained an industrial injury on February 6, 2015, incurring left ankle, upper and lower back injuries. He was diagnosed with cervical and lumbar discopathy, cervicgia, carpal tunnel, double crush syndrome and internal derangement of the left ankle. Treatment included physical therapy, anti-inflammatory drugs, bracing, and activity restrictions. Currently, the injured worker complained of constant pain in the cervical spine that was aggravated by repetitive motions of the neck, pushing, pulling, uplifting and working at or above shoulder level. The pain radiated into the upper extremities and between the shoulder blades. He had persistent migraine headaches and rated his overall pain 7 out of 10 on a pain scale from 1 to 10. He also complained of constant low back pain and left ankle pain aggravated by prolonged sitting, standing and walking, lifting, bending and descending stairs radiating into the lower extremities. The treatment plan that was requested for authorization included one orthotics. On September 19, 2015, a request for one orthotics was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Orthotics: 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 (Acute & Chronic): Orthotic devices (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and ankle section, Orthotics.

Decision rationale: Pursuant to the Official Disability Guidelines, one (1) orthotics is not medically necessary. Orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis and heel spur syndrome). See guidelines for additional details. In this case, the injured worker's relevant working diagnosis is rule out internal derangement. For additional diagnoses see progress note diagnoses dated August 12, 2015. Date of injury is February 6, 2015. Request for authorization is dated September 16, 2015. According to an August 12, 2015 progress note, subjective complaints include low back pain and intermittent pain in the left ankle/foot 5/10. Objectively, there is tenderness over the anterior ankle. There is tenderness with inversion and eversion, but there is no instability. There is no documentation of plantar heel pain. There is no documentation of plantar fasciitis or rheumatoid arthritis. There is no clinical indication or rationale or orthotics documented in the progress note. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for orthotics, one (1) orthotics is not medically necessary.