

Case Number:	CM15-0023753		
Date Assigned:	02/13/2015	Date of Injury:	03/02/2012
Decision Date:	04/15/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 female patient, who sustained an industrial injury on 03/02/2012. A primary treating office visit dated 11/21/2014 reported current complaints of pain and instability in the right ankle, as well as stiffness and discomfort in her left shoulder and neck area. She is diagnosed with right ankle medical chronic strain with posterior tibial tendiopathy; stage II plus dysfunction with degenerative joint disease and mild talonavicular subluxation. On 01/02/2015, a request was made for an orthotic arch support with a cupped heel flange and 6 sessions of physical therapy treating the neck and left shoulder. On 01/13/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Physical Therapy was cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom orthosis arch support with a cupped heel flange or UCBL: 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), Orthotic devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle and foot, Orthotic Devices.

Decision rationale: It is unclear why there is an initial request for custom orthoses without having first tried a prefabricated type. The physical examination of the injured employee's foot reveals a pes planus condition. The official disability guidelines recommends a prefabricated shoe insert as initial treatment. As such, this request for a custom orthosis is not medically necessary.

Physical therapy for the neck and left shoulder, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured employee has sustained an apparent work-related injury over three years ago and there has been previous participation in physical therapy as well as current participation in a home exercise program. Considering this prior and current treatment it is unclear why there is a request to revisit formal physical therapy for the neck and left shoulder. This request for physical therapy for the neck and left shoulder is not medically necessary.