

Case Number:	CM15-0217511		
Date Assigned:	11/09/2015	Date of Injury:	12/22/2003
Decision Date:	12/28/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/04/2015

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 62-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 22, 2003. In a Utilization Review report dated October 20, 2015, the claims administrator failed to approve a request for a custom orthotic shoe for the left foot. The claims administrator referenced an October 20, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an October 30, 2015 RFA form, custom orthotic shoes, tramadol, two epidural steroid injections and electrodiagnostic testing were all seemingly sought. On September 1, 2015, the applicant reported ongoing issues with chronic low back pain. The treating provider stated that the applicant's main problem was the low back. Ancillary complaints of foot and ankle pain were noted. The applicant was to obtain custom shoes as recommended by a medical-legal evaluator while returning to regular work. An epidural injection was sought. On July 7, 2015, the attending provider reiterated that the applicant's primary pain generator was the low back but also noted that the applicant continued ankle pain complaints status post earlier ankle surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) custom orthotic shoe for left foot: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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

Decision rationale: Yes, the request for a custom orthotic shoe was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, page 371, rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain anticipated for applicants with plantar fasciitis and metatarsalgia, the latter of which was seemingly present here. The treating provider contended that the applicant had residual foot and ankle pain complaints status post earlier foot and ankle surgery. Provision of an associated orthotic was, thus, indicated to ameliorate the same along with a shoe wide enough to accommodate said orthotic. Therefore, the request was medically necessary.