

Case Number:	CM15-0059685		
Date Assigned:	04/06/2015	Date of Injury:	11/19/2013
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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: Arizona, California
 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:

The injured worker is a 57 year old female, who sustained an industrial injury on November 19, 2013. She has reported hip pain, shoulder pain wrist pain, lower back pain, and foot pain. Diagnoses have included right shoulder impingement, right shoulder sprain, lumbar spine sprain, hip strain/sprain, knee sprain, plantar fasciitis, and bilateral carpal tunnel syndrome. Treatment to date has included injections, medications, therapy, aqua therapy, imaging studies, and diagnostic testing. A progress note dated February 20, 2015 indicates a chief complaint of right shoulder pain, wrist pain, lower back pain, left hip pain, left knee pain, and foot pain. The medical record indicates that the symptoms had not changed. The treating physician documented a plan of care that included custom orthotics for both feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom fit orthotics in plaster or mold for both feet: Overturned

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 and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: According to the guidelines, orthotics is recommended for plantar fasciitis. In this case, the claimant does have this diagnosis and the request is appropriate and medically necessary.