

Case Number:	CM15-0088071		
Date Assigned:	05/12/2015	Date of Injury:	10/15/1990
Decision Date:	06/11/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/07/2015

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 was a 57-year-old male, who sustained an industrial injury, October 15, 1990. The injured worker previously received the following treatments Lidocaine patches, Lodine, independent gym program, Tylenol and home exercise program. The injured worker was diagnosed with bilateral shoulder impingement syndrome, subacromial bursitis of bilateral shoulders and osteoarthritis of the lumbar spine with bilateral sciatica. According to progress note of April 6, 2015, the injured workers chief complaint was back pain that radiated into the bilateral lower extremities and right shoulder pain that radiates into the hand. X-rays were taken of the right wrist, right hand and right forearm at the time of the visit. The physical exam noted positive impingement of the right shoulder with painful AC. There was tenderness in the acromial bursa with no acute neurological changes. There was no across instability. The lumbar spine showed positive for straight leg raises. There was good heel to toe walking. The treatment plan included medical arch support for both feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Arch Support for Both Feet, QTY: 2: 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), Lumbar & Thoracic, Shoe insoles/Shoe lifts.

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, Pads, pages 20-21.

Decision rationale: Per Guidelines, there is little information available from trials to support the use of foot pads in the treatment of acute or chronic Achilles tendinitis, but as part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. However, clinical findings per submitted medical reports only relate to spine and shoulder complaints and diagnoses without any reference of any heel or mid-foot deformities or positive testing. The Medial Arch Support for Both Feet, QTY: 2 is not medically necessary and appropriate.