

Case Number:	CM15-0242751		
Date Assigned:	12/22/2015	Date of Injury:	01/10/2000
Decision Date:	01/28/2016	UR Denial Date:	12/13/2015
Priority:	Standard	Application Received:	12/14/2015

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, New York
 Certification(s)/Specialty: Podiatrist

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 39 year old male, who sustained an industrial work injury on 1-10-00. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spondylosis with radiculopathy, chronic low back pain, and post laminectomy syndrome. Treatment to date has included pain medication, acupuncture at least 12 sessions, transcutaneous electrical nerve stimulation (TENS), heat, and other modalities. The current medications included Ibuprofen and Tizanidine. Medical records dated 12-4-15 indicate that the injured worker complains of back pain that radiates down the right leg with numbness and increased spasm and cramping in the hamstrings and calves with being more active. The pain is rated 4 out of 10 on the pain scale. Per the treating physician report dated 12-4-15 the injured worker continues to work. The physical exam dated 12-4-15 revealed no significant findings or abnormalities. The physician indicates that he recommends replacement orthotics and heel wedge as the last ones were from 2 years ago and are worn out. The requested services included One (1) pair of replacement of custom molded orthotics and One (1) pair of heel wedges. The original Utilization review dated 12-13-15 non-certified the request for One (1) pair of replacement of custom molded orthotics and One (1) pair of heel wedges as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pair of replacement of custom molded orthotics: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods, Activity Alteration.

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

Decision rationale: A supported rationale for the requested treatment modality has been provided. The record reports multiple diagnoses characterizing a complex impairment affecting the right lower extremity, with indicators of right sided neural impairment inclusive from the lower back to the foot. As per MTUS page 371, full-shoe-length inserts made to realign within the foot and from foot to leg may reduce pain experienced during walking. The injured worker has a symptomatic lumbosacral radiculopathy, with gait limitations, recorded as responsive to orthotic therapy. As per MTUS guidelines, the requested treatment, one pair of custom molded orthotics is medically necessary.

One (1) pair of heel wedges: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods, Activity Alteration.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Diagnostic Criteria, Physical Methods. Decision based on Non-MTUS Citation 1.ISO 8549-1:1989 2. Lazzarino A. VA NCHCS Therapeutic Footwear Standards, 2012. <https://docs.google.com/file/d/0Bz8o-3MbU0CiY1BkZFRkR2M2aUk/edit.usp=sharing> 3. Scherer PR. Recent Advances in Orthotic Therapy. First Edition Lower Extremity Review, 2011.

Decision rationale: An orthosis is "an externally applied device used to modify the structural and functional characteristics of the neuromuscular and skeletal system" [1]. Heel wedges qualify as orthosis. A heel wedge/orthotic is meant to stabilize the axial skeleton by holding the foot in a position, to optimize function. As per MTUS guidelines, pages 371, 376, a supported rationale for the requested treatment modality has not been provided. By prescription a heel wedge can be incorporated into a custom molded orthotic device as has been requested or applied and utilized separately [2-3]. If treatment is indicated the type of treatment should be explained as well as the reasons for the treatment. As requested, one pair of heel wedges is not medically necessary.