

Case Number:	CM14-0119821		
Date Assigned:	08/06/2014	Date of Injury:	03/19/2002
Decision Date:	10/14/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a female with date of injury 03/19/2002. The most relevant medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/27/2014, lists subjective complaints as pain in the bilateral feet and ankles. Objective findings: Range of motion of the left ankle was within normal limits. Lateral and medial stability test and Tinel foot sign were all negative. There was decreased sensation to pinprick and light touch in bilateral L5 dermatomal distribution. No significant palpatory tenderness was noted. Diagnosis: lumbar degenerative disc disease, low back pain, lumbar radiculopathy, failed back surgery syndrome, lumbar and myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercis Kit & New Custom Molded Orthotics for Bilateral Feet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - foot and ankle chapter

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 (Acute & Chronic), Orthotic devices Other Medical Treatment Guideline or Medical Evidence:

Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014

Decision rationale: Official Disability Guidelines recommend orthotic devices for plantar fasciitis and for foot pain in rheumatoid arthritis. The medical records do not indicate that the patient has either plantar fasciitis or rheumatoid arthritis, only foot pain. The physical exam does not support the above diagnoses. The MTUS and the Official Disability Guidelines are silent on the issue of exercise equipment. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a Doctor are not medically necessary.