

Case Number:	CM14-0141542		
Date Assigned:	09/10/2014	Date of Injury:	12/07/1994
Decision Date:	11/28/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine and is licensed to practice in New York. 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:

The patient is a 53 year old male with a date of injury of 12/07/1994. He had chronic back pain. On 01/29/2014 he had 8/10 low back pain radiating to his left foot. He had a decreased lumbar range of motion, positive leg raising on the left, and 4/5 strength with decreased sensation on the left L4, L5 and S1 distribution. Reflexes were normal. He had an impaired gait for the past 20 years from back pain. A spine surgery consultation was approved and requested. He has severe lumbar stenosis and left lumbar radiculopathy. Orthotics was requested on 02/14/2014. On 03/05/2014 his pain was 5/10 and the exam was the same as on 01/29/2014. On 04/09/2014 the exam was the same but the pain was 9/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral feet orthotics: 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), Ankle & Foot Orthotic devices

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014 Foot/Ankle, Orthotics

Decision rationale: The MTUS, ACOEM Guidelines do not mention orthotics as a recommended treatment. Official Disability Guidelines (ODG) 2014 notes that orthotics might be useful for patients with plantar fasciitis or with rheumatoid arthritis and foot pain. There is no documentation that he has withered of those conditions. The use of orthotics is not consistent with the MTUS, ACOEM, or Official Disability Guidelines. Therefore, this request is not medically necessary.