MAXIMUS Federal Services

Case Number:	CM14-0143064		
Date Assigned:	09/10/2014	Date of Injury:	11/08/2013
Decision Date:	12/15/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/04/2014

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 Orthopaedic Surgery 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:

The 7/21/14 treating physician report cited constant worsening low back pain radiating into the lower extremities, and constant right knee pain. Pain was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting and standing, and walking multiple blocks. The patient reported 3 episodes of bowel incontinence and had foot drop. Acupuncture treatments were helping. Lumbar spine exam documented intact gait, palpable paravertebral muscle tenderness with spasms, positive nerve tension signs, and guarded and restricted flexion/extension. There was numbness and tingling in the L5 and S1 dermatomal distributions and weakness in the L5 and S1 innervated muscles. Ankle reflexes were symmetrical. Right knee exam documented joint line tenderness, and positive McMurray's and patellar grind tests. There was crepitus with painful range of motion. There was normal quadriceps and hamstring strength. The diagnosis was lumbago and internal derangement knee. The treatment plan requested authorization for acupuncture 2x6 for the knee and lumbar spine. Orthotics were requested with no specific rationale but guideline citations supporting orthotic use for plantar fasciitis and metatarsalgia were documented. Work status documented modified work. The 8/20/14 utilization review denied the request for bilateral foot orthotics as there was no clear rationale for prescribing the orthotics for both feet and guideline diagnostic criteria had noted been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics for the 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 (ODG) - Treatment in Workers' Compensation (TWC), Ankle & Foot Procedures Summary last updated 07/29/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 137; 371, 376.

Decision rationale: The California MTUS guidelines state that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. Low back guidelines indicate that shoe insoles are not recommended for treatment of chronic lower back pain or radicular pain syndromes, regardless of prolonged walking requirements. Guideline criteria have not been met. This patient has been diagnosed with lumbago and right knee internal derangement. There is no evidence that he has been diagnosed with plantar fasciitis or metatarsalgia, and there are no exam findings documented specific to the feet. There is no rationale presented to support this request in the absence of guideline support for use in chronic lower back pain or radicular pain syndromes. Therefore, this request is not medically necessary.