

Case Number:	CM14-0166124		
Date Assigned:	10/13/2014	Date of Injury:	08/08/2012
Decision Date:	11/14/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant sustained a work injury on 8-8-12. On this date, the claimant was hit in the knee by a moving vehicle in the auto bay. Office visit on 9-10-14 notes the claimant has numbness in the right foot between the first and second digits. The claimant has decreased sensation over the intermetatarsal space. The claimant has 12 degrees of dorsiflexion and 40 degrees of plantar flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) Purchase of Functional Foot Orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Summary of recommendation for evaluating and managing ankle and foot complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle/foot - orthotic devices

Decision rationale: ODG notes that orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. There is an absence in documentation noting that this claimant has any of the conditions for which orthotic devices are recommended. Therefore, the

Durable Medical Equipment (DME) Purchase of Functional Foot Orthotics is not medically necessary.