

Case Number:	CM14-0028106		
Date Assigned:	06/13/2014	Date of Injury:	04/19/2013
Decision Date:	08/28/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/05/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of April 19, 2013. Thus far, the employee has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated February 12, 2014, the claims administrator approved a request for a right knee arthroscopy while denying a request for custom fit orthotics to the bilateral feet. In an earlier note of September 11, 2013, the employee was placed off of work, on total temporary disability, owing to ongoing complaints of knee, hip, and wrist pain. The attending provider stated that it was unlikely that the employee would ever return to work as a [REDACTED]. On January 15, 2014, the employee presented with persistent complaints of knee and hip pain. The employee was reportedly walking without an altered gait, it was stated on this occasion, but did report issues with instability about the knee. The employee was wearing a knee brace. Authorization for a knee arthroscopy was sought. The employee was status post wrist surgery, it was also suggested. On February 11, 2014, the employee underwent a right radial nerve sensory cryoablation procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: PURCHASE OF CUSTOM FIT ORTHOTICS FOR BILATERAL FOOT: 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)- TWC, ANKLE & FOOT PROCEDURE, ORTHOTIC DEVICES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): TABLE 14-3, PAGE 370.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370 does support provision of rigid orthotics as options in the treatment of metatarsalgia and/or plantar fasciitis, in this case, however, there is no evidence that the applicant carries either diagnosis of plantar fasciitis and/or metatarsalgia for which provision of custom foot orthotics would be indicated. The bulk of the documentation on file pertains to issues associated with the applicant's right hip and right knee issues. There was little or no mention made of any issues pertaining to the feet and/or legs. There was no mention of the applicant's carrying a diagnosis of either plantar fasciitis and/or metatarsalgia for which provision of orthotics would be indicated. The attending provider did not specifically discuss the need for usage of orthotics in any of the progress notes referenced above. Therefore, the request for purchase of custom fit orthotics for bilateral foot is not medically necessary and appropriate.