

Case Number:	CM14-0083217		
Date Assigned:	07/21/2014	Date of Injury:	06/06/2007
Decision Date:	12/19/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/04/2014

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 Podiatric surgery 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:

According to the enclosed information, the original date of injury was 6/6/2007. On 5/14/2014 patient presents to her physician with complaints of pain to the left shoulder, low back, left knee, and left ankle. Physical exam reveals hypertonicity to the lower back, diminished lumbar range of motion, positive Kemps test, painful shoulder to palpation with limited range of motion, positive impingement testing, deep tendon reflexes equal bilateral both lower and upper extremity. Patient visited the physician on 3/17/2014 with the same complaints. Orthotics were recommended at this visit as well as the 5/14 visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotic inserts for feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC; Corpus Christi. Ankle & Foot (Acute & chronic), (updated 03/26/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for orthotics inserts for patient's feet is not medically reasonable or necessary according to the guidelines. Chapter 14 of the MTUS guidelines state that rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. This patient does not have a diagnosis of plantar fasciitis or metatarsalgia. For this reason, the request for orthotics is not medically necessary according to the MTUS guidelines.