

Case Number:	CM14-0211253		
Date Assigned:	12/24/2014	Date of Injury:	02/07/2000
Decision Date:	02/19/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Podiatrist

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 injured worker sustained a work related injury on February 7, 2000. The exact mechanism of the work related injury and the body parts involved was not included in the documentation provided. The Primary Treating Physician's visit dated November 6, 2014, noted the injured worker returned for a reevaluation of the low back and right lower extremity. The injured worker was noted to have received moderate relief from a lumbar epidural injection on April 16, 2014, as well as a subsequent right sacroiliac joint injection under fluoroscopy on July 24, 2014. The Injured worker was also noted to be having Point Stimulation Treatment/Neurostimulator System (PSTIM) treatments, receiving the fourth treatment on that date, which was noted to have reduced the sciatic pain going down the right leg. The injured worker reported recurrent right lower lumbar region pain, right buttock, groin, lateral thigh, and calf pain, with a severity of 7/10. Physical examination was noted to show tenderness at L4-S1 spinous processes, at the bilateral paraspinals, and right sacroiliac joint, sciatic notch, and the trochanteric bursa. The Physician's impressions were mild right L3-L4 radiculopathy, right L5 Radiculitis improving post epidural injection, L4-L5 degenerative disc disease with foraminal narrowing, degenerative joint disease right hip joint, and status post right acetabular fracture requiring ORIF(open reduction internal fixation) in 1978 per injured worker's history. The Physician requested authorization for one pair of Bilateral Custom Amfit Orthotics. On November 19, 2014, Utilization Review evaluated the request for one pair of Bilateral Custom Amfit Orthotics, citing the Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic). The UR Physician noted that the evidenced based guidelines recommend insoles for medial knee osteoarthritis,

however, there was no trial of prefabricated orthotics. The UR Physician noted it was unclear why a custom orthotic was required, and that the request for one pair of Bilateral Custom Amfit Orthotics was not medically appropriate and recommended non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of bilateral custom amfit 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), Knee & Leg (Acute & Chronic), Walking aids, Knee Brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Guideline Title Knee & leg (acute & chronic). Bibliographic Source(s) Work Loss Data Institute. Knee & leg (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Nov 29. Various p. Guideline Status This is the current release of the guideline. This guideline updates a previous version: Work Loss Data Institute. Knee & leg (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2011. Various p.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines mentioned above, it is my feeling that the decision for one pair of Amfit custom orthotics is not medically reasonable or necessary for this patient per the guidelines. Chapter 14, page 371 advises 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." In addition, referring to metatarsalgia and stress fracture, ODG TWC guidelines has the following for foot orthoses: "Semirigid foot orthotics appears to be more effective than supportive shoes worn alone or worn with soft orthoses for metatarsalgia. (Chalmers, 2000) The use of shock absorbing inserts in footwear probably reduces the incidence of stress fractures. The enclosed progress notes do not advise that this patient suffers with a stress fracture to the metatarsals, plantar fasciitis or metatarsalgia. Furthermore, ODG guidelines advise that orthotics/insoles may be used for medial knee pain. There is no discussion in the progress notes that this patient is suffering with medial knee pain. Finally, non-custom prefabricated insoles are recommended treatment prior to custom insoles. For these reasons, the patient does not meet the coverage criteria.