

Case Number:	CM14-0216191		
Date Assigned:	01/06/2015	Date of Injury:	01/02/2004
Decision Date:	02/25/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/24/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of January 2, 2004. A utilization review determination dated November 24, 2014 recommends noncertification of "replacement ortho shoes with orthotics." Noncertification was recommended since the shoes have been certified in October 2014 and there is no reason for a replacement four weeks afterwards. A progress report dated September 23, 2014 identifies subjective complaints of left sided pain rated as 8/10 with swelling due to standing. Low back pain is 7/10. Physical examination is largely illegible but seems to indicate that the patient is able to ambulate with a walker. Diagnoses include myofascial pain syndrome, depressive syndrome, and low back syndrome. The treatment plan recommends bilateral shoe replacement orthopedic. A utilization review determination dated October 15, 2014 states that bilateral shoe orthotics are recommended for certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement ortho shoes with orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition (web) Ankle & Foot, Orthotics

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-3 and 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices

Decision rationale: Regarding the request for Replacement ortho shoes with orthotics, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with plantar fasciitis or foot pain in rheumatoid arthritis. There is no documentation of a trial with a prefabricated orthosis or a statement that the orthosis will be needed for long-term pain control. Additionally, it appears the patient has recently been approved for replacement shoes/orthotics. As such, the current request for Replacement ortho shoes with orthotics is not medically necessary.