

Case Number:	CM15-0008913		
Date Assigned:	01/26/2015	Date of Injury:	09/29/2003
Decision Date:	03/13/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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:

This 37 year old female sustained an industrial injury on 9/29/03. She subsequently reports left knee pain. An MRI was performed on the left knee on 5/19/14. Prior treatments include physical therapy and pain medications. The UR decision dated 12/16/14 non-certified E1399 Custom Molded Longitudinal/Metatarsal Arch Supports(pair) QTY: 1. The E1399 Custom Molded Longitudinal/Metatarsal Arch Supports(pair) QTY: 1 were denied based on MTUS ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Molded Longitudinal/Metatarsal Arch Supports(Pair) Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC-ODG Treatment Integrated Treatment/Disability Duration Guidelines; Chapter: Ankle &Foot (Acute & Chronic) updated: 12/19/13.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Procedure summary, ankle and foot

Decision rationale: After careful review of the enclosed information and pertinent ACOEM guidelines for this case it is my opinion that the request for custom functional orthotics are not medically reasonable or necessary for this patient at this time. The ACOEM guidelines state that orthotics may be used for patients who are suffering with plantar fasciitis and/or metatarsalgia. There is no documentation to advise that this patient has either of these diagnoses. In fact the patient is currently suffering with medial knee pain. Furthermore, ODG guidelines state that orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Again, this patient has neither of these diagnoses.