

Case Number:	CM15-0111445		
Date Assigned:	06/17/2015	Date of Injury:	06/12/2009
Decision Date:	07/28/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 38 year old male, who sustained an industrial injury on June 12, 2009, incurring back, buttocks and heel injuries after falling 18 feet off a scaffold. Computed tomography and Magnetic Resonance Imaging of the lumbar spine revealed a burst fracture with epidural hematoma. Heel x rays were unremarkable. Treatment included physical therapy, acupuncture, anti-inflammatory drugs, pain medications, epidural steroid injection, lumbar sacral brace, muscle relaxants, neuropathic medications, psychiatric evaluation and work restrictions. Currently, the injured worker complained of increased pain in his heel which was diagnosed as bursitis. He had a series of heel injections where one injection site developed an ulcer and abscess. Treatment included a debridement of the heel, antibiotics, pain medications and wound care. The treatment plan that was requested for authorization included one pair of foot orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of foot orthotics: Upheld

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

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

Decision rationale: According to my review of the records, the IW began wearing orthotics, which provided noted improvement in his condition. According to 5/19/15 clinic note, the IW's pain is improved with orthotics. The current request, from what is outlined in the records, is not to replace the initial pair but to provide as an additional pair for a different pair of shoes. This is not medically necessary as the IW may use the current pair of orthotics in more than one pair of shoes as they currently function and are effective.