

Case Number:	CM15-0128035		
Date Assigned:	07/14/2015	Date of Injury:	07/27/2004
Decision Date:	08/11/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/02/2015

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

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 64 year old female, who sustained an industrial injury on 07/27/2004. She has reported injury to the neck, low back, and left ankle. The diagnoses have included cervical strain with disc herniation; lumbar disc herniation at L3-L4 and L4-L5; left knee meniscal tear; right knee meniscal tear; left shoulder rotator cuff syndrome, status post arthroscopy; left cubital tunnel syndrome; bilateral chronic ankle strains; left hip pain, rule out labral tear; and status post arthroscopic left ankle and foot surgery, on 05/05/2015. Treatment to date has included medications, diagnostics, activity modification, physical therapy, home exercise program, and surgical intervention. Medications have included Oxycodone, Roxicodone, Nucynta, Wellbutrin, and Cymbalta. A progress note from the treating physician, dated 05/29/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the cervical spine, lumbar spine, bilateral knee, right hip, left ankle, and left foot; the pain in the neck and bac are persistent and rated at 2-3/10 on the pain scale; her left knee is feeling better after her ankle surgery, and pain is rated at 1-2/10; right knee pain is rated at 4/10 due to compensation; pain in her left ankle and foot is rated at 2/10 and improving after her surgery; the pain is made better with rest and medication; and the pain is made worse with weather changes and activities. Objective findings included decreased range of motion of the cervical spine; tenderness to the cervical paraspinal muscles, left greater than the right; positive Spurling's on the left; decreased sensation and strength at 4/5 on the left only at C5, C6, C7, and C8; decreased range of motion of the lumbar spine; tenderness to the lumbar paraspinal muscles; positive Kemp's sign bilaterally; positive straight leg raise on the left; left

hip revealed positive Patrick's sign; decreased range of motion in all planes of the left hip; decreased strength with flexion and extension; left knee with slight decreased range of motion; tenderness to the medial joint line; positive McMurray's sign; slightly decreased range of motion to the left foot and ankle; three well-healed portal scars; decreased strength at 4+/5 with plantar and dorsiflexion; and there is tenderness to the lateral perimalleoli region. The treatment plan has included the request for bilateral custom orthotics, cervical, lumbar spine, and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral custom orthotics, cervical, lumbar spine and left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 301, 370, 371.

Decision rationale: The MTUS Guidelines recommend the use of rigid orthotics (full shoe length inserts made to realign within the foot and from foot to leg) for patients with plantar fasciitis and metatarsalgia. Orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability. Regarding the request for custom orthotic for the left ankle, there is no evidence in the available documentation that the injured worker has plantar fasciitis or metatarsalgia. Regarding the request for bilateral orthotics for the cervical and lumbar spine, the MTUS guidelines lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for bilateral custom orthotics, cervical, lumbar spine and left ankle is determined to not be medically necessary.