MAXIMUS Federal Services

Case Number:	CM15-0176908		
Date Assigned:	09/25/2015	Date of Injury:	07/20/2007
Decision Date:	11/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/08/2015

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, Tennessee
Certification(s)/Specialty: Emergency 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 48 year old female, who sustained an industrial injury on 07-20-2007. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain, left leg pain, and right upper extremity pain and numbness. Medical records (04-21-2015 to 08-07-2015) indicate ongoing and increasing pain in the low back and carpal tunnel symptoms. The latest report (08-07-2015) reported left leg pain towards the heel.Per the progress noted (08-07-2015), pain levels were 10 out of 10 on a visual analog scale (VAS) without medications and 7 out of 10 with medications. The progress notes on 04-21-2015 reports pain levels from 0 5 out of 10 to 8 out 10. Records also indicate decreased activity tolerance. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 08-07-2015, revealed a mild antalgic gait favoring the left leg, tenderness across the ankle, and walks with a slightly inverted foot. Other than the noted inverted foot with walking, there were no significant changes from previous exam (07-21-2015). Relevant treatments have included epidural steroid injection with no response, work restrictions, and pain medications. The request for authorization (08-14-2015) shows that the following service was requested: outpatient podiatry consultation. The original utilization review (08-21-2015) non-certified the request for outpatient podiatry consultation based on unspecified body part.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Podiatry consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Lumbar & Thoracic-Shoe insoles/shoe lifts.

Decision rationale: Podiatry consultation is requested for shoe inserts for patient's complaint of low back pain. Shoe inserts are recommended as an option for patients with a significant leg length discrepancy or who stand for prolonged periods of time. Not recommended for prevention. Customized insoles or customized shoes are not recommended as a treatment for back pain. This Cochrane review concluded that there is strong evidence that insoles are not effective for the prevention of back pain, but the current evidence on insoles as treatment for low-back pain does not allow any conclusions. They may be helpful for patients with a significant leg length discrepancy (> 2-3cm) or with prolonged walking requirements. In this case there is no documentation that the patient has a significant leg length discrepancy or that she stands for prolonged periods of time. Medical necessity has not been established. The request should not be authorized.