

Case Number:	CM15-0067074		
Date Assigned:	04/14/2015	Date of Injury:	08/04/1994
Decision Date:	06/05/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old female, who sustained an industrial injury on August 4, 1994. She reported low back pain. The injured worker was diagnosed as having pelvic segmental dysfunction, annular disc tear, sciatica, cervicgia, myalgia and myositis and vertebrogenic pain syndrome. Treatment to date has included diagnostic studies, chiropractic care, medications and work restrictions. Currently, the injured worker complains of continued low back pain with pain radiating to the bilateral lower extremities with associated numbness and tingling of the toes. The injured worker reported an industrial injury in 1994, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on April 16, 2014, revealed continued pain as noted. Chiropractic care was continued. Evaluation on May 16, 2014, revealed continued pain as noted. A left antalgic gait was noted. Chiropractic care was continued. Bilateral foot orthotics were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 purchase custom orthotic left foot and custom orthotic right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM online edition, Low Back Section (www.acoempracguides.org/).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Chapter 14 - Ankle & Foot Complaints, Orthotics, Page 370, Table 14-3, Page 371, Page 372, Page 376 Table 14-6.

Decision rationale: Per ODG, orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with diagnoses of plantar fasciitis and metatarsalgia not evident here. Additionally, shoe modification may be an option in the conservative care for ankle fusion, non or malunion of fracture, or traumatic arthritis with objective findings on imaging and clinical exam; however, no such diagnoses have been identified here. Submitted reports have not clearly demonstrated any of the above pertinent diagnoses nor shown remarkable clinical findings to support the orthotic request. The 2 purchase custom orthotic left foot and custom orthotic right foot is not medically necessary and appropriate.