

<b>Case Number:</b>	CM15-0068725		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	02/27/2006
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60 year old male patient who sustained an industrial injury on 02/27/2006. A primary treating office visit dated 03/13/2015 reported the patient stating the therapeutic care if more beneficial than the prescription drugs. He is with complaint of bilateral weak knees. The following diagnoses are applied: osteoarthritis, knee; lumbar displacement without myelopathy, and internal derangement knee. The plan of care involved: use of Biofreeze, and follow up with orthopedic visit, and start physical therapy trial. A primary treating office visit dated 10/22/2014 reported subjective complaint of back pain that radiates down bilateral lower extremities. Current medications are: Gabapentin, Celebrex, Tizanidine and Norco 10/325mg. He is diagnosed with lumbar radiculopathy, low back pain, knee pain, and spasm of muscle. The plan of care involved: left knee brace, lumbar support brace, motorized scooter, H-wave unit, and chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Shoes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 365-370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Orthotics, shoes, heel pads.

**Decision rationale:** ODG states "Recommended as an option for plantar fasciitis, but not for Achilles tendonitis." ACOEM recommends inserts for planta faciitis. ODG additionally states "Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis." MTUS is silent regarding shoe inserts. However, there is no documentation as to why pre-fabricated shoe inserts would not suffice and the treating physician has not met the above guidelines. As such the request for Orthopedic Shoes is not medically necessary.

**Bilateral Orthotics:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 365-370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Orthotics.

**Decision rationale:** ACOEM recommends inserts for planta faciitis. ODG states "Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis." MTUS is silent regarding shoe inserts. However, there is no documentation as to why pre-fabricated shoe inserts would not suffice and the treating physician has not met the above guidelines. As such the request for Bilateral Orthotics is not medically necessary.