

Case Number:	CM15-0068736		
Date Assigned:	04/16/2015	Date of Injury:	10/20/2008
Decision Date:	05/15/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	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(n) 60 year old female, who sustained an industrial injury on 10/20/08. She reported pain in her right elbow, hand and ankle due to a bicycle accident. The injured worker was diagnosed as having bilateral wrist and hand pain, right first metatarsal joint pain and bilateral carpal tunnel syndrome. Treatment to date has included physical therapy, foot surgery and a TENs unit. As of the PR2 dated 3/11/15, the injured worker reports persistent pain in the right foot that is worse when standing and walking. She does not want to take any oral medication at this time. The treating physician noted tenderness in the right first metatarsal joint. The treating physician requested bilateral custom fit shoe inserts and TENs patches refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral custom fit shoe inserts: 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): 365-70. 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. The other medical documents available did not detail other necessary components of the ankle/foot exam, as suggested by ACOEM. As such, the request for bilateral custom fit shoe inserts is not medically necessary.

TENS patches refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 - 116.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment (DME) and Other Medical Treatment Guidelines Medicare.gov, durable medial equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of TENS patches, but does address TENS unit. ODG does state regarding durable medical equipment (DME), Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below and further details Exercise equipment is considered not primarily medical in nature. Medicare details DME as: durable and can withstand repeated use; used for a medical reason; not usually useful to someone who isn't sick or injured; appropriate to be used in your home. While TENS patches do meet criteria as durable medical equipment, the medical records do not state either objective or subjective findings including a reduction in medication usage, to substantiate ongoing use of the TENS unit. As such, the request for a TENS patches refill is not medically necessary.