

Case Number:	CM15-0079389		
Date Assigned:	04/30/2015	Date of Injury:	02/14/2008
Decision Date:	05/29/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/24/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 61 year old male, who sustained an industrial injury on February 14, 2008. He reported back, spine, shoulder, upper arms including the clavicular region, scapula and neck and knee pain after reaching to grab someone. The injured worker was diagnosed as having post-laminectomy syndrome of the lumbar region. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the lumbar and cervical spine and right shoulder, physical therapy, pain injections, a spinal cord stimulator, a cane for ambulation and work restrictions. Currently, the injured worker complains of continued left knee, bilateral feet, cervical, shoulder, low back and upper arms pain. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 16, 2015, revealed continued pain as noted. Custom orthotics were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Custom Molded Orthotics with Soft Interface, Varus or Valgus Wedge and Casting:
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): 371.

Decision rationale: The ACOEM chapter on foot and ankle complaints and orthotics states: Rigid 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 plantar fasciitis and metatarsalgia. The patient does not have these diagnoses and therefore the request is not medically necessary.