MAXIMUS Federal Services

Case Number:	CM15-0090112		
Date Assigned:	05/14/2015	Date of Injury:	02/09/2013
Decision Date:	06/19/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/11/2015

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: Preventive Medicine, Occupational 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 58 year old male who sustained an industrial injury on 02/09/2013. On provider visit dated 03/13/2015 the injured worker has reported neck pain, right ankle pain, left shoulder pain, low back pain, paresthesias in the left hand and pain in the right knee. On examination the cervical spine revealed tenderness in the cervical paravertebral muscles and upper trapezius region on the left. Range of motion was noted to be decreased and to have noted pain with same. Lumbar spine was noted as having tenderness in the lumbar paravertebral muscles and range of motion was decreased with noted pain. Bilateral ankle/feet exam revealed positive Pes Planovalgus deformity bilaterally. The diagnoses have included persistent ankle pain and flat foot. Treatment to date has included pain medication. The provider requested orthotics (one pair) bilateral feet due to persistent ankle pain and a flat foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics (one pair) Bilateral Feet: 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): 370, 371.

Decision rationale: The MTUS Guidelines recommend the use of rigid orthotics (full shoe length inserts made to realign within the foot and from foot to leg) for patients with plantar faciitis and metatarsalgia. Orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability. Although there is documented ankle pain in the injured worker, there is no documentation of foot pain. The injured worker has not been diagnosed with plantar faciitis or metatarsalgia. The request for orthotics (one pair) bilateral Feet is not medically necessary.