

Case Number:	CM15-0098407		
Date Assigned:	05/29/2015	Date of Injury:	08/28/2012
Decision Date:	06/30/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/21/2015

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, Pain Management

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 62-year-old female who sustained a work related injury August 28, 2012. According to a primary treating physician's re-evaluation, dated April 1, 2015, the injured worker presented with complaints of constant sharp pain, rated 8/10, in the cervical spine radiating into the right upper extremity. She reports associated headaches as well as tension between the shoulder blades. There is constant sharp pain in the low back, rated 8/10, and pain in the bilateral wrists, rated 7/10. The pain remains unchanged. Diagnoses are cervical/lumbar discopathy; carpal tunnel/double crush syndrome; electrodiagnostic evidence of bilateral carpal tunnel syndrome. Treatment plan included a request for authorization for orthotics and shoe purchase for support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics and shoes for support purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-3, page 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices.

Decision rationale: Regarding the request for Orthotics and shoes for support purchase, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences, many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with plantar fasciitis or foot pain in rheumatoid arthritis. Additionally, there is no indication as to why shoes are required for this patient. In the absence of clarity regarding these issues, the current request for Orthotics and shoes for support, purchase is not medically necessary.