

<b>Case Number:</b>	CM13-0000957		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	06/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/05/2013

### 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. The expert reviewer is Board Certified in Podiatric Surgery, and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the enclosed notes, this patient suffered a mechanical injury to his left knee on 4/20/2013. He relates stepping over something and felt a pop in his knee. Initial treatment consisted of activity modification, NSAIDS, and Ultracet. The diagnosis given is left knee sprain. On 5/23/2013 the patient underwent MRI evaluation of his left knee. The MRI report reads "no lateral meniscus, ligament, or tendon pathology noted. Mild chronic proximal patellar tendinopathy, and small joint effusion." On 6/14/2013 the patient was evaluated and noted to have continued left knee pain. Further diagnoses include patellar tendinitis and left iliotibial band syndrome. It is also noted that the patient underwent physical therapy as well as utilization of a knee brace. The physical exam reveals continued left knee pain, as well as moderate pes planus left foot. The physician feels that correcting the pes planus foot structure would allow for better realignment of the patient's left knee, helping to alleviate his knee pain. Custom orthotics were recommended during that visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CUSTOM ORTHOTICS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 06/07/13), Orthoses

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The MRI results note mild chronic proximal patellar tendinopathy and small joint effusion. The last recorded physical exam reveals a diagnosis of patellar tendinitis and left iliotibial band syndrome. On 6/14/2013 the physician readily admits his intention to correct the pes planus left foot in hopes of realigning the left knee. The ACOEM Guidelines advise that rigid orthotics may be used to treat plantar fasciitis and or metatarsalgia. It does not mention treatment of pes planus foot structure. The ODG reveals that orthotics do improve knee pain from arthritis, but that they do not improve global assessment, gait, or functional measures. Correcting the pes planus and knee alignment would in essence be correcting the functional measures. If orthotics are used to treat knee pain per ODG criteria, over the counter (OTC) orthotics may be used, as there is no clear cut evidence that custom orthotics are superior to OTC orthotics. Consequently, the request is not medically necessary and appropriate.