

Case Number:	CM13-0009534		
Date Assigned:	11/27/2013	Date of Injury:	03/15/1996
Decision Date:	02/05/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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:

This patient is a 65-year-old male who reported an injury on 03/15/1996. The notes indicate that the patient is status post a unicondylar right knee replacement with extensive scar tissue, a right knee arthroscopy on 04/04/2009 and a right knee total arthroplasty on 05/18/2011. The most recent clinical evaluation submitted for review is dated 08/02/2012, which notes that the patient has complaints of bilateral foot pain, which developed some time in 2007. The patient indicated that pain is sharp and in the area of the ball of the feet, right greater than left. The notes indicate that the patient developed pain as a result of favoring the right knee injury and from an altered gait. The notes indicate that the patient has changed his shoes and socks without relief and has tried orthotics prescribed previously by [REDACTED] prior to his right knee surgery. Before that, the patient tried orthotics without relief. Physical examination regarding the patient's right ankle and foot revealed no medial/lateral or anterior/posterior instability. The ankle and foot were nontender with the longitudinal arch moderately elevated. There were no calluses or bunions noted and no temperature changes. There was no hammering of the toes, and the heels were well-aligned with no varus or valgus deformity. Evaluation of the left ankle and foot revealed no medial/lateral or anterior/posterior instability with the ankle and foot nontender. The longitudinal arch was moderately elevated, and there were no calluses or bunions noted on exam. There were no temperature changes and no hammering of the toes. The heel was well-aligned, and there were no evidence of varus or valgus deformity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) custom fit orthotics for bilateral feet between 7/16/2013 and 9/29/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, (Acute and Chronic)

Decision rationale: The CA MTUS/ACOEM Guidelines state that 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 Official Disability Guidelines state that a clinical study indicated that custom-made foot orthoses were effective for rear foot pain in rheumatoid arthritis. The current request is a prospective request for 1 set of custom fit orthotics for the bilateral feet to be received between the dates of 07/16/2013 and 09/29/2013. The documentation submitted for review, however, contains no recent clinical evaluation of the patient since 08/02/2012 to determine the patient's current status and to provide a clear clinical rationale or medical necessity for the requested custom fit orthotics. Therefore, the decision for a prospective request for 1 custom fit orthotics for the bilateral feet between 07/16/2013 and 09/29/2013 is not medically necessary or appropriate.

Twelve (12) physical therapy sessions to the lumbar spine between 7/16/2013 and 9/29/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The documentation submitted for review, however, contains no recent clinical evaluation of the patient since 08/02/2012 to determine the patient's current status and to provide a clear clinical rationale or medical necessity for the requested physical therapy sessions. Therefore, the Decision for Prospective Request for twelve (12) physical therapy sessions to the lumbar spine between 7/16/2013 and 9/29/2013 is not medically necessary and appropriate

