

Case Number:	CM13-0014113		
Date Assigned:	10/02/2013	Date of Injury:	01/25/2009
Decision Date:	01/30/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/20/2013

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 Orthopedic Surgery and is licensed to practice in California. 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:

The patient is a 61 year old injured worker who reported an injury on 07/28/2011. The mechanism of injury information was not provided in the medical record. Review of the medical record revealed the patient had undergone a left knee arthroscopy on 10/13/2009. The patient had received Synvisc one injection and participated in physical therapy. The patient diagnoses included status post left knee quadriceps repair, status post left knee arthroscopy, lumbar spinal stenosis, right knee osteoarthritis and meniscus tear. The patient continued to have complaints of ankle pain with knee symptoms. Conservative therapies had been attempted with little to no success.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom fit Orthotics-bilateral fee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The California MTUS/ACOEM Guidelines state 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. There is no objective clinical documentation of the patient having any injuries to the foot or complaints or diagnoses of plantar fasciitis or metatarsalgia. Therefore, the need for bilateral foot orthotics has not been proven. The request for a custom fit orthotics-bilateral feet is not medically necessary and appropriate.