

Case Number:	CM13-0016850		
Date Assigned:	11/06/2013	Date of Injury:	10/23/2001
Decision Date:	10/06/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The injured worker is a 36-year-old gentleman who was reportedly injured on October 23, 2001. The mechanism of injury was noted as repetitive trauma. The most recent progress note dated July 26, 2013, indicated that there were ongoing complaints of left knee pain and weakness. Current medications include Daypro, Ultram, Lidoderm patches and Zantac. The physical examination of the left knee noted joint line tenderness and normal left knee range of motion. No instability was noted. Physical therapy was recommended on this date as well as a consult for podiatry. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy, knee injections, surgery for a meniscal tear and orthopedic consultations. A request was made for a referral to a podiatrist for custom orthotics and was denied in the pre-authorization process on August 6, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a podiatrist, for custom orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation 7 (Independent Medical Examination and Consultation), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot, Orthotic Devices.

Decision rationale: According to the Official Disability Guidelines, orthotics are recommended for the treatment of plantar fasciitis or foot pain with rheumatoid arthritis. The injured employee was not diagnosed with either of these conditions. Additionally, it is stated that a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom orthotic device. According to the most recent progress note dated July 26, 2013, the injured employee has right leg quadriceps atrophy along with left knee pain. It is unclear why this is the reason stated for a podiatry referral, for custom orthotics. For these multiple reasons, this request for a referral to a podiatrist, for custom orthotics is not medically necessary.