

Case Number:	CM13-0037660		
Date Assigned:	12/18/2013	Date of Injury:	12/06/1999
Decision Date:	02/13/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/24/2013

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:

48 year old female with industrial injury 12/6/99. Exam note 9/5/2013 demonstrates right knee pain. Status post Synvisc and Kenalog injection. MRI August 14, 2013 demonstrates severe lateral compartment osteoarthritis with large multiloculated Baker cyst. Request for custom bilateral feet orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom fit bilateral feet orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Knee, Footwear, Knee arthritis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Footwear.

Decision rationale: CA MTUS/ACOEM is silent on the issue of custom foot orthotics. According to the Official Disability Guidelines, Knee Chapter, Footwear, "Recommended as an option for patients with knee osteoarthritis. Recommend thin-soled flat walking shoes (or even flip-flops or walking barefoot). Recommend lateral wedge insoles in mild OA but not advanced

stages of OA. In this case there is insufficient evidence to support the use of custom inserts in this patient to meet medical necessity. Therefore the determination is non-certification.