

<b>Case Number:</b>	CM13-0046135		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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, has a subspecialty in Interventional Spine 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:

This patient is a 63-year-old female with date of injury of 08/30/2011. Per report, 08/08/2013, listed diagnosis are internal derangement of the right knee, severe osteoarthritis of the right knee with presenting symptoms of significant right knee pains, stiffness early in the morning difficulty with any squatting, bending, prolonged walking, or prolonged standing. [REDACTED] report from 01/09/2014 has diagnoses that include osteoarthritis of right knee, status post knee replacement 08/22/2013, musculoligamentous sprain/strain of the lumbar spine with discogenic disease, annular tear of the L4-L5 and 4.5 disk protrusion at L5-S1, grade 1 anterolisthesis, lower lumbar facet syndrome, and bunion/hallux valgus. Under treatment plan it states "requesting extension on the request that was authorized for orthotics."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient DME purchase of bilateral feet orthotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

**Decision rationale:** This patient presents with chronic right knee pain and has had right knee replacement. Treating physician's report, 01/09/2014, listed as diagnosis "bunion/hallux valgus." There is a request for authorization dated 01/09/2014 for "requesting extension on the request for orthotics." The request for the orthotics was denied per utilization review letter dated 10/03/2013 and this letter indicates that the service requested were "outpatient DME purchase of bilateral feet orthotics." This denial letter does not make reference to a specific progress note discussing the request for rigid orthotics. Nevertheless, the request was denied stating "there is no documentation indicating the use of orthotics in the treatment of the patient's current condition." "Based on the current available information, the medical necessity for orthotics has not been established." The treater's report from 06/13/2013 makes reference to the patient's right big toe, still experiencing pain with any type of prolonged walking. This report does not discuss the request for bilateral feet orthotics. There is a treater's report dated 10/03/2013 which talks about "right foot pain" and the request is for orthotics for bilateral feet. The patient underwent right total knee arthroplasty on 08/22/2013. A 10/03/2013 report was by [REDACTED] and the typed version of the progress report states "the patient has also complained of right foot pain and difficulty with prolonged standing or walking." The examination of the right foot showed swelling noted over the MCP joint, hallux valgus noted, and there was tenderness over the first MCP joint as well. This was examination of the right foot. Under treatment plan, the treating physician requested for orthotics to help with the patient's feet bilaterally to alleviate some of the right foot pain. MTUS and ACOEM Guidelines were silent regarding orthotic devices for hallux valgus pain. However, ODG Guidelines states, "For hallux valgus, the evidence suggests that orthosis and the night splints do not appear to be any more beneficial in improving outcomes than no treatment." In this patient, the treating physician has asked for orthotics for bilateral feet to treat the patient's foot pain with a diagnosis of hallux valgus. Recommendation is for denial given the lack of guideline support.