

Case Number:	CM13-0050294		
Date Assigned:	04/09/2014	Date of Injury:	06/09/2009
Decision Date:	05/23/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/11/2013

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 Occupational Medicine, 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 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 patient is an employee of [REDACTED] and has submitted a claim for thigh and leg pain with an industrial injury date of August 9, 2009. Treatment to date has included medications; physical therapy; home exercise program; and right knee arthroscopy, plica release and lysis of adhesions. A utilization review from November 6, 2013 denied the request for custom orthotics for the bilateral knees. The rationale for determination was not included in the records for review. Medical records from 2013 were reviewed, which showed that the patient complained of constant pain throughout the right anterior thigh and leg, which radiated proximally to the hip and ankle. On physical examination, the right lower extremity exhibited well-healed arthroscopic portals. There was slight medial joint line tenderness. Muscle tone and appearance have improved. There was mild tenderness around the ankle and the right anterior hip region. No significant swelling was noted anywhere in the right lower extremity. McMurray's test was negative. Ligaments were stable.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM ORTHOTICS FOR THE BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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

Decision rationale: The California Medical Treatment Utilization Section (MTUS) does not address custom knee braces; however, the Official Disability Guidelines (ODG) supports custom knee braces with a condition which may preclude use of a prefabricated model such as abnormal limb contour, skin changes, severe osteoarthritis (grade III or IV), maximal off-loading of painful or repaired knee compartment, and severe instability as noted on physical examination of the knee. In this case, the patient's diagnoses were plica syndrome, patellar tendinitis, and status post arthroscopy and debridement (December 14, 2012) of the right knee. The September 18, 2013 medical report failed to document any symptoms or exam findings of the right knee of instability. In fact, the report stated "ligaments grossly stable". The basis for requesting a prefabricated model was not documented. The request for custom orthotics for the bilateral knees is not medically necessary or appropriate.