

Case Number:	CM13-0063483		
Date Assigned:	12/30/2013	Date of Injury:	04/07/2001
Decision Date:	05/12/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 62-year-old female who reported an injury on April 7, 2001, the mechanism of injury was not included in the medical records for review. The clinical note dated July 9, 2013, noted the physician documented MRI testing of the injured worker's right ankle did show damage to the osteochondral surface of the talus, and some thickening of the anterior syndesmotoc ligament, which was the last evaluation of the injured worker by the treating physician office. On November 1, 2012, the treating physician concluded the injured worker had plantar fasciitis with neuropathy to the right lower extremity. The documentation overall did not provide an adequate assessment of the patient and there was a lack of significant objective findings upon physical exam. The injured worker had diagnoses including torn medial meniscus; left knee, pending authorization to do surgery; traumatic arthritis and chondromalacia, right patella, pending viscosupplementation; multiple surgeries to the right ankle with resistant right lateral heel and plantar fascial pain, pending additional appropriate orthotics; lumbar strain; persistence of heel pain felt to be secondary to neuroma calcaneal branch of the medial plantar nerve; depression with anxiety, necessitating additional evaluation and treatment. The dated request for shoes with arch support for heel, ankle, and foot and the request for the left knee viscosupplementation injections series of three, were not included in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOES WITH ARCH SUPPORT FOR HEEL, ANKLE AND FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 14, PAGE 369-371

Decision rationale: The Ankle and Foot Complaints Chapter of the ACOEM Practice Guidelines states that 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. The documentation provided for review does not meet the ACOEM Practice Guidelines. The documentation failed to provide details regarding the request, including the specific brand/style of footwear being requested to include support for heel, ankle and foot. In addition, it was not clear whether the injured worker has previously tried and failed any type of bracing or shoe support for the treatment of her right lateral heel and planter fascial pain. Further, the documentation provided for review failed to provide any subjective complaints related to the injured worker's activities of daily living, pain levels, medications, or previous conservative treatments. The clinical note dated November 12, 2013 gave no adequate examination of the injured worker's deficits to support the request for the shoes with the arch support for the heel, ankle, and foot. The clinical documentation did not include the request for the shoes with the arch support or the injections for the left knee. The request for shoes with arch support for heel, ankle, and foot, is not medically necessary and appropriate.

LEFT KNEE VISCOSUPPLEMENTATION INJECTIONS SERIES OF 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG (ACUTE & CHRONIC), HYALURONIC ACID INJECTIONS

Decision rationale: The Official Disability Guidelines note hyaluronic acid injections are recommended for patients with a diagnosis of severe osteoarthritis who have not responded adequately to conservative treatments. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). The documentation submitted for review did not include an adequate examination of the injured worker for range of motion, pain during range of motion. No rationale for the request for the injections, no subjective complaints from the injured worker related to ADLs, pain and conservative care. The documentation failed to support the request. The request for left knee viscosupplementation injections, series of three, is not medically necessary and appropriate.

