

Case Number:	CM13-0072078		
Date Assigned:	01/17/2014	Date of Injury:	08/06/2010
Decision Date:	04/24/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 53-year-old with a date of injury on August 6, 2010. Subjective complaints include low back pain radiating to her left leg, constant neck pain with radiation to left arm, and continue left knee pain with occasional "giving out". Pain is worse with activity and is improved with rest and ice to her knee. Physical exam shows tenderness and decreased range of motion in the cervical and lumbar spine. Left knee has pain with range of motion and left ankle pain with range of motion and some swelling. Treatment to date includes physical therapy, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, and two arthroscopic knee surgeries. Medications include ibuprofen, omeprazole, tramadol, compounded cream, and gabapentin. MRI of left knee in June of 2013 showed tear of medial meniscus. The submitted documentation does not discuss orthotics or offer rationale for their use.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL ORTHOTICS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee and Leg and Foot/Ankle.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340, 370.

Decision rationale: The submitted documentation does not offer any discussion for use of orthotics or the anatomical area for use. For foot/ankle MTUS does suggest use of orthotics for various foot complaints. For the knee, CA MTUS states that brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. The request for bilateral orthotics is not medically necessary or appropriate.