

Case Number:	CM14-0107101		
Date Assigned:	08/01/2014	Date of Injury:	07/28/1988
Decision Date:	09/24/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation 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:

This is a 59-year-old male with a 7/28/88 date of injury; the mechanism of the injury was not described. The patient was seen on 1/20/14 with complaints of pain in the cervical spine, right shoulder and bilateral knees. The patient rated the pain 8/10 without medications. The patient has been using front wheel walker for gait due to the instability with his ambulation. Exam findings revealed tenderness to palpation and decreased range of motion in all planes in the cervical spine. There was marked tenderness to palpation in the right shoulder and decreased range of motion in all planes. The examination of the bilateral knees revealed tenderness to palpation bilaterally, strength 4/5 and limited flexion and extension in the knees. The reviewer's report dated 6/11/14 stated that the patient was seen on 6/3/14 with complaints of cervical spine pain, right shoulder pain and bilateral knee pain. Examination of the bilateral knees revealed diminished range of motion, tenderness over medial and joint lines bilaterally, 4/5 motor strength of the quadriceps and hamstrings and positive patellofemoral grind test. The diagnosis is closed head injury, status post cervical spine multilevel fusion with residuals, right shoulder tearing at the anterior labrum, bilateral carpal tunnel syndrome, bilateral knee osteoarthritis and status post multiple falls secondary to loss of balance. Treatment to date: multiple surgeries, work restrictions and medications. An adverse determination was received on 6/11/14. The request for two pairs of custom orthotic shoes was denied due to a lack of guideline to support for the use of custom orthotic shoes in the management of chronic pain. The request for 1 pair of custom braces for bilateral knees was denied to a lack of documentation indicating that the patient's osteoarthritis was severe and no documentation of abnormal limb contour, skin changes, maximal off-loading of painful or repaired knee compartment, or severe instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO PAIRS OF CUSTOM ORTHOTIC SHOES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS does not address this issue. Per ODG, Custom Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. There is a lack of documentation indicating that the patient suffered from plantar fasciitis or foot pain in RA. In addition, here is no rationale with regards to custom orthotic shoes. Therefore, the request for two pairs of custom orthotic shoes was not medically necessary.

1 PAIR OF CUSTOM BRACES FOR BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE & LEG (ACUTE & CHRONIC).

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) Knee brace.

Decision rationale: CA MTUS does not address this issue. ODG supports custom knee braces with a condition which may preclude the use of a prefabricated model; severe osteoarthritis (grade III or IV); the need for maximal off-loading of painful or repaired knee compartment; or severe instability as noted on physical examination. There is a lack of documentation indicating that the patient suffered from severe knee osteoarthritis. The progress report dated 1/20/14 indicated that the patient has been using front wheel walker for gait due to the instability with his ambulation, however there is no detailed physical examination indicating severe instability. In addition, there is no rationale with regards to custom braces for bilateral knees and specified functional goals with this medical device. Therefore, the request for 1 pair of custom braces for bilateral knees was not medically necessary.