

Case Number:	CM14-0019705		
Date Assigned:	04/28/2014	Date of Injury:	07/04/2007
Decision Date:	07/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/18/2014

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:

The injured worker is a 40 year old female who reported an injury on 7/4/07 secondary to a mechanism of injury that was not provided for review. The injured worker underwent unknown left knee surgeries on unknown dates prior to the injury. She also underwent two right knee arthroscopies on 12/7/07 and 10/28/08, as well as right knee osteochondral grafting on 2/3/09. An MRI of the right knee on 7/21/11 revealed chondromalacia of the patella as well as post-operative changes. An x-ray of the left knee on 1/20/14 displayed preserved joint space with slightly increased medial tibial plateau subchondral sclerosis. An x-ray of the right knee on 1/20/14 revealed slight patellofemoral spurring with irregular sclerosis. A CT scan of the right knee on 1/20/14 revealed an irregular joint surface with increased subchondral sclerosis of the medial femoral condyle. She was evaluated on 1/30/14 and reported 8/10 right knee pain as well as weakness, swelling, popping, and cracking of the right knee. On physical examination, she was noted to have passive range of motion values of 10 degrees of extension and 110 degrees of flexion. It was noted that she ambulated with a cane and unloader brace. She was diagnosed with right knee posttraumatic chondromalacia, right knee medial compartment osteoarthritis, and right knee reflex sympathetic dystrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL FOOT ORTHOTICS: 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.

Decision rationale: The Official Disability Guidelines recommend wedge orthotics as an option for injured workers with knee arthritis. These guidelines also state that lateral wedge insoles reduce knee adduction moments in patients with early to mild osteoarthritis, but not in patients with moderate-to-severe or advanced stages of osteoarthritis. At the time of the request, the injured worker reported 8/10 right knee pain and was noted to have right knee posttraumatic chondromalacia, right knee medial compartment osteoarthritis, and right knee reflex sympathetic dystrophy. The injured worker has undergone three right knee surgeries since the injury date. This would suggest that the injured worker is no longer in the early to mild stage of her knee condition and may not benefit from wedge orthotics. Additionally, the request as written does not indicate the type of foot orthotic to be used. Furthermore, the request as written specifies bilateral orthotics. The most recent evaluation indicated that the injured worker presented with right knee symptoms only and has been treated for the right knee. There was no documented rationale for the foot orthotics in the medical records submitted for review. There is a lack of documented evidence to indicate the necessity of a foot orthotic for the left knee. As such, the request is not medically necessary.