

Case Number:	CM14-0165082		
Date Assigned:	10/10/2014	Date of Injury:	10/04/1979
Decision Date:	11/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family Medicine and is licensed to practice in Ohio. 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 60 year old male who complains of right lateral hip pain and pain in both knees. The date of injury was 10/04/1979. His diagnoses are traumatic arthropathy over the lower leg, internal derangement of the left knee, trochanteric bursitis, osteoarthritis of the right hip, acquired gait disorder, and post-traumatic arthritis of the knee. His exam reveals a short leg gait, a shorter left leg compared with the right side, and moderate right sided greater trochanter tenderness. The right knee reveals crepitus with flexion, a positive McMurray's sign, and mild medial joint line tenderness. The left knee reveals swelling and discoloration with laxity to valgus stress. The treating physician feels the trochanteric bursitis is a consequence of the leg length discrepancy and has requested a " build-up of the left shoe.

IMR ISSUES, DECISIONS AND RATIONALES

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

3/4 inch shoe build-up for Left Shoe: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter, Shoes.

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

Knee arthritis Other Medical Treatment Guideline or Medical Evidence: Medcape, 4-12-2014, Trochanteric Bursitis Treatment and Management

Decision rationale: The Official Disability Guideline support specialized foot wear to alleviate symptoms associated with knee osteoarthritis. Specialized footwear can effectively reduce joint loads in subjects with knee osteoarthritis, compared with self-chosen shoes and control walking shoes, In terms of trochanteric bursitis, the literature is mixed with regard to leg length discrepancy having a causative role. Lower leg gait disturbances have a predisposing role however. Evaluation and correction of underlying gait abnormalities are important and may be addressed with assistive devices (e.g., canes, walkers, orthotics, shoe lifts, and knee braces). In this instance, the injured worker has a leg-length discrepancy and evidence of osteoarthritis of one or both knees and trochanteric bursitis. Therefore, 3/4 inch shoe build-up for left shoe is medically necessary.