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| <b>Case Number:</b>   | CM14-0027515 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 09/01/2010 |
| <b>Decision Date:</b> | 07/16/2014   | <b>UR Denial Date:</b>       | 02/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/04/2014 |

### 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 Occupational Medicine 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 patient is a 57 year old female with a date of injury on 9/01/10. She has been treated with a total knee arthroplasty on the right knee. She has residual pain and a slight residual contraction limiting extension to 5 degrees from normal. She also has moderate medical compartment osteoarthritis in the left knee. A 1/4" inch heel lift for the left shoe was recommended due to leg length discrepancy from the contraction/surgery to the right knee. No actual leg length measurements were found in the records sent for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1/4" INCH HEEL LIFT ON LEFT SHOE(PER 02/11/2014 FORM):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Guideline, The American Academy of Orthopedic Surgeons.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and leg, Footwear arthritis.

**Decision rationale:** It may appear reasonable to overlook a simple request such as this, but ODG Guidelines specifically state that heel lifts are contraindicated with knee arthritis and actually increase the loads experienced. It is stated that the request is due to the flexion contracture and

the knee replacement (TKA) of the right leg. The flexion contraction would shorten the affected leg and it is not clear if the TKA lengthened the right leg without actual measurements. Without specific rational that addresses guideline concerns the request appears medically unnecessary, particularly given the risk of worsening the left knee condition as stated in the guidelines. MTUS chronic pain and ACOEM do not address this issue.