Case Number:	CM14-0054325		
Date Assigned:	07/07/2014	**Date of Injury:**	09/01/2010
Decision Date:	08/29/2014	**UR Denial Date:**	04/08/2014
Priority:	Standard	**Application Received:**	04/23/2014

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 who has submitted a claim for status post right total knee replacement, morbid obesity, and leg length inequality because of right TKR and left knee flexion contracture associated with an industrial injury date of 09/01/2010.Medical records from 08/01/2013 to 07/07/2014 were reviewed and showed that patient complained of bilateral knee pain graded 5-8/10. Physical examination revealed antalgic gait and tenderness over the medial and patellofemoral joint line. Left knee extension was 0 degrees and flexion was 90 degrees. Right knee extension was 0 degrees and flexion was 85 degrees. Patellofemoral crepitation was positive on the left knee. Positive patellofemoral compression and Apley test was noted on the left knee. MMT was 5/5 for bilateral lower extremities. X-ray of bilateral knees dated 08/01/2013 revealed right TKR in good position and medial compartment degenerative joint disorder, left knee. Treatment to date has included right total knee replacement (07/22/2012) and pain medications. Utilization review dated 04/08/2014 denied the request for inch heel lift on left shoe, quantity: 1.00 because there was no documentation of limb length discrepancy measurements.

IMR ISSUES, DECISIONS AND RATIONALES

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

1/2" Inch Heel Lift On Left Shoe ,Quantity :1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046. Decision based on Non-MTUS Citation Official disability guidelines, Ankle and Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankne & Foot, Limb length temporary adjustment device.

Decision rationale: CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG recommends a heel/sole lift as an option for temporary limb length discrepancy sequelae caused by use of a CAM walker or other immobilization device, when it is necessary to balance the limb lengths from use of an orthotic device that will add more than 2 cm length to one lower extremity for a long duration. Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems. In this case, the heel lift was requested to address limb length discrepancy secondary to right TKR and left knee flexion contracture. However, physical findings did not provide documentation of limb length discrepancy. The medical necessity cannot be established due to insufficient information. Therefore, the request for inch heel lift on left shoe, quantity: 1.00 is not medically necessary.