

<b>Case Number:</b>	CM14-0061804		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/18/2004
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 48-year-old female with a 10/18/04 date of injury. She is status post left total knee arthroplasty. The 3/18/13 supplemental report documented that the patient continues to complain of subluxation of the patella with extension and flexion of the knee catching on the prosthetic patella being trapped laterally. The patient has recurrent patellar subluxation and ambulates utilizing a one-point cane. There is marked atrophy of the VMO. The patient also complained of severe gastric upset and abdominal pain secondary to Norco, Anti-inflammatories, and Pain Medication. Prior surgical treatment included an attempt at lateral release at the time of the total knee placement. Diagnosis was failed Total Knee Replacement with Recurrent Patellar Subluxation. Treatment plan discussed CPM, cold therapy, and bracing following revision surgery. 8/22/14 operative report documented left total knee replacement was performed with lateral retinacular release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom 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, Orthotic Devices.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot chapter.

**Decision rationale:** A request for custom orthotics obtained an adverse determination, as there was no documentation of a comprehensive physical examination of the foot. It was noted that the patient has pes planus however; this was not confirmed by physical exam. CA MTUS states that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with metatarsalgia. There is no rationale for custom orthotics it is unclear whether a trial of pre-fabricated orthotics has failed or why pre-fabricated orthotics would be insufficient. No additional medical records were provided within the context of this appeal addressing the above-stated issues. The request is not medically necessary.

**Podiatry Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Consultation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 2009: Clinical Topics, ACOEM Chapter 7- Independent Medical Examinations and Consultations pages 127 and 156.

**Decision rationale:** A request for a Podiatry Consultation obtained an adverse determination as provided medical records did not document a comprehensive physical examination of the feet. The patient was noted to have pes planus; however this was not confirmed clinically. The medical records reflected the patient underwent Total Knee Replacement, there was failure of the prosthetic and revision surgery was requested. No follow-up notes were guided and utility of Podiatry Consultation is not entirely clear. CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. It has not been demonstrated that the patient's condition requires a Podiatry Consultation and the request is not medically necessary.

