

Case Number:	CM14-0082392		
Date Assigned:	07/21/2014	Date of Injury:	12/14/2009
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/04/2014

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 Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury was 12/14/2009. The patient apparently tripped over a piece of wood, injuring his right ankle and hyper-extending both knees. On 11/19/2013 patient was evaluated by a physician. Patient complains of frequent, severe, dull, achy right knee pain. There is stiffness and weakness associated with sitting, standing, walking, bending, twisting, and squatting. Physical exam reveals multiple WHSS present at the right knee. Range of motion to the right knee is painful and decreased. There is +3 tenderness to palpation to the anterior knee, lateral knee, medial knee, and posterior knee. McMurray's test is positive. Diagnoses include right knee cruciate ligament strain, right knee internal derangement, right knee medial meniscus tear, and right knee sprain/strain. It was recommended that this patient attended physical therapy for his right knee, receive Synvisc injections to his right knee, and be referred to a podiatrist for custom functional orthotics in order to treat the work-related injury to the right knee into the correct the altered biomechanics.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FOLLOW UP WITH PODIATRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for one follow-up visit with a podiatrist is not medically reasonable or necessary for this patient at this time. There is no mention in either the subjective or physical exam of the enclosed progress notes stating that this patient has foot pain. There are no "red flags" noted that would necessitate a podiatry visit. (Chapter 2) Furthermore, the physician who was following this patient recommended that the patient see a podiatrist for custom fit orthotics. As stated below in this report, custom orthotics cannot be recommended for this patient according to the MTUS guidelines. For this reason a visit to a podiatrist is also not recommended.

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 (ODG), KNEE, DURABLE MEDICAL EQUIPMENT (DME).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation knee chapter / DME.

Decision rationale: After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the decision for custom orthotics is not medically reasonable or necessary at this time for this patient. The MTUS guidelines state that patients may obtain custom orthotics with foot pain and a diagnosis of plantar fasciitis and or metatarsalgia. There is no indication in the enclosed chart notes that this patient suffers with either plantar fasciitis or metatarsalgia. Furthermore, ODG guidelines do not recommend the use of orthotic therapy for knee pain.