

<b>Case Number:</b>	CM14-0093216		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 male with a work injury dated 11/22/11. The diagnoses include bilateral wrist pain, status post carpal tunnel release bilaterally; chronic right knee pain with osteoarthritis, status post right knee arthroscopy; chronic left knee pain; bilateral feet and ankle pain; lumbar degenerative disc disease with right lumbar radiculitis; neck pain; right shoulder pain. Under consideration is a request for soft orthotics. There is a primary treating physician report dated 8/7/14 that states that the patient came for reevaluation of his low back, neck, wrist, and knee pain. He had a surgical consult for his low back and surgery was requested and then denied. He requested soft orthotics per his QME (qualified medical evaluator). He received a letter denying them. He filed an IMR for this. He feels that his right knee is hurting a lot more and popping more often even though he is wearing his knee brace. He is able to do more around the house and help his wife with cleaning and cooking with the help of his medication. On exam the patient has 5/5 bilateral upper extremity strength. Sensation is intact but decreased in the left hand. DTRs (deep tendon reflexes) are +1 and symmetric. Spurling's sign is negative. There is no clonus or increased tone. Hoffman's sign is negative bilaterally. There is tenderness over the cervical paraspinals. There is tenderness over the facet joints. Cervical spine range of motion is reduced in all planes. Right shoulder: tenderness to palpation over proximal aspect and supraspinatus tendon. Left shoulder: no tenderness to palpation. Decreased range of motion of right shoulder. There is full range of motion of left shoulder. Negative drop arm test is present. The gait is antalgic. The treatment plan is to continue medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soft Orthotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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- orthotic devices.

**Decision rationale:** The MTUS guidelines do not address soft orthotics . There is discussion of rigid orthotics for certain conditions such as plantar fasciitis. There is no discuss in the MTUS or ODG for soft othotics for back pain.The ODG recommends orthotics for plantar fasciitis and for foot pain in rheumatoid arthritis. There is documentation from12/16/13 that states that the patient has knee instability and hyperextension of his knee. The document states that he needs a knee brace. The request for soft orthotics is not medically appropriate in this case. The guidelines do not have recommendations for soft orthotics for back pain. The patient has knee hyperextension and instability. Without clear evaluation of his gait and how soft orthotics would help him the addition of orthotics may cause further instability and are not medically necessary.