MAXIMUS Federal Services

Case Number:	CM14-0097955		
Date Assigned:	09/23/2014	Date of Injury:	11/27/2012
Decision Date:	11/12/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/26/2014

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 Preventive 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:

According to the records made available for review, this is a 39-year-old female with an 11/27/12 date of injury. At the time (6/12/14) of request for authorization for Shoe Superfeet Insoles, there is documentation of subjective (right knee pain) and objective (positive patellofemoral grind on the right ligament, full range of motion and strength of the knee) findings, current diagnoses (right knee chondromalacia), and treatment to date (physical therapy and medications). There is no documentation of plantar fasciitis or metatarsalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoe Superfeet Insoles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (updated 06/05/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare Claims Processing Manual Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c20.pdf)

Decision rationale: MTUS reference ACOEM Guidelines identifies documentation plantar fasciitis or metatarsalgia, as criteria necessary to support the medical necessity of orthotics. Medical Treatment Guideline identifies documentation of loss, irreparable damage or wear, or a change in the patient's condition subject to provision, as criteria necessary to support the medical necessity of replacement of durable medical equipments. Within the medical information available for review, there is documentation of a diagnosis of right knee chondromalacia. However, there is no documentation of plantar fasciitis or metatarsalgia. Therefore, based on guidelines and a review of the evidence, the request for Shoe Superfeet Insoles is not medically necessary.