

Case Number:	CM15-0146811		
Date Assigned:	08/07/2015	Date of Injury:	09/02/1997
Decision Date:	09/04/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 75 year old female, who sustained an industrial injury on 9-2-97. The injured worker has complaints of right knee pain. The documentation noted tenderness of the posterior tibial tendon from the medial malleolus distal to the insertion at the navicular. The injured worker has tenderness to the forefoot region. The diagnoses have included chronic posterior tibial tendinosis and flatfoot deformity, right foot, secondary to posterior tibial tendon rupture. Treatment to date has included acupuncture and ibuprofen. The request was for one (1) pair motion-control orthotics with top covers and acupuncture 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pair motion-control orthotics with top covers: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372, 376, and 370.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Orthotic devices.

Decision rationale: The claimant has a remote history of a work-related injury in September 2097 and is being treated for right knee pain with a diagnosis of chondromalacia. Treatments included 12 acupuncture sessions completed as of February 2015 with improvement. Acupuncture treatments had been previously provided as well. When seen, there was mild right patellar tenderness and positive apprehension testing. There was posterior tibial and forefoot tenderness with excessive pronation. Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle/foot problems. The claimant has only right sided symptoms and abnormal findings. The request is not medically necessary.

Acupuncture, 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant has a remote history of a work-related injury in September 2097 and is being treated for right knee pain with a diagnosis of chondromalacia. Treatments included 12 acupuncture sessions completed as of February 2015 with improvement. Acupuncture treatments had been previously provided as well. When seen, there was mild right patellar tenderness and positive apprehension testing. There was posterior tibial and forefoot tenderness with excessive pronation. This request is not medically necessary.