

Case Number:	CM15-0160264		
Date Assigned:	08/26/2015	Date of Injury:	09/14/1998
Decision Date:	10/02/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on 9-14-98. He reported low back pain, bilateral knee pain, bilateral shoulder pain, and left ankle pain. The injured worker was diagnosed as having lumbosacral spondylosis and joint replaced knee with altered leg length and continued pain. Treatment to date has included right knee replacement, gastric bypass, and medication. Currently, the injured worker complains of low back pain. The treating physician requested authorization for replacement of foot orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of foot orthotics: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Shoe insoles/shoe lifts.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Footwear.

Decision rationale: The patient presents with pain affecting the low back and right knee. The current request is for Replacement of foot orthotics. The treating physician states in the report dated 8/6/15, "He is again requested authorization for replacement foot orthotics and may need to have an evaluation with an orthotist for the appropriate fitting." (13B) The ODG Guidelines state, "Recommended as an option for patients with knee osteoarthritis." In this case, the treating physician has documented that the patient has arthritic knee pain and tenderness. The current request is medically necessary.