

Case Number:	CM15-0183902		
Date Assigned:	09/24/2015	Date of Injury:	09/25/1997
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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

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 68 year old male, who sustained an industrial-work injury on 9-25-97. He reported initial complaints of right knee pain. The injured worker was diagnosed as having tricompartmental osteoarthritis of the right knee and lumbago. Treatment to date has included medication and diagnostics. MRI results were reported on 11-7-12 and 1-22-13 noting multilevel degenerative disc desiccation and disc bulging throughout the lumbar spine. X-rays were reported on 7-13-15 that demonstrated moderate osteoarthritic degenerative changes of the knee most prominent of the medial compartment and small suprapatellar joint effusion. Currently, the injured worker complains of knee pain after walking with loss of 100 pounds, and described as aching pain. The injured worker was working full time. Per the primary physician's progress report (PR-2) on 7-14-15, exam noted no redness, induration, or swelling, no genu or varum or genu valgus deformity, moderate tenderness with palpation at the medial aspect, gait was normal, normal calf. Exam on 8-4-15 reported 5 out of 5 strength in both extremities and negative straight leg raise. The Request for Authorization requested service to include Right soft interface for molded plastic, Left soft interface for molded plastic, Right additional posting/balancing, Left additional posting/balancing. The Utilization Review on 9-4-15 denied the request for Right soft interface for molded plastic, Left soft interface for molded plastic, Right additional posting/balancing, Left additional posting/balancing due to lack of documentation to support the request per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Knee Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right soft interface for molded plastic: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic Devices.

Decision rationale: Regarding the request for an ankle orthotic, ACOEM Chapter 14 Table 14-3 on page 370 recommends rigid orthotics as a treatment option for plantar fasciitis and metatarsalgia. Further guidelines are found in the ODG, which recommend orthotics for plantar fasciitis and for foot pain in rheumatoid arthritis. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences, many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with plantar fasciitis, metatarsalgia, or foot pain associated with rheumatoid arthritis. Additionally, medical literature does not support the use of custom orthotics in the patient's condition of Achille's bursitis, despite the fact that the patient had a prior orthotic and this is a request for replacement. This request was documented in a RFA dated 8/3/15. As such, the current request for custom orthotics replacement materials is not medically necessary.

Left soft interface for molded plastic: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Orthotic Devices.

Decision rationale: Regarding the request for an ankle orthotic, ACOEM Chapter 14 Table 14-3 on page 370 recommends rigid orthotics as a treatment option for plantar fasciitis and metatarsalgia. Further guidelines are found in the ODG, which recommend orthotics for plantar fasciitis and for foot pain in rheumatoid arthritis. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences, many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with plantar fasciitis, metatarsalgia, or foot pain associated with rheumatoid arthritis. Additionally, medical literature does not support the use of custom orthotics in the patient's condition of Achille's bursitis, despite the fact that the patient had a prior orthotic and this is a request for replacement. This request was documented in a RFA dated 8/3/15. As such, the current request for custom orthotics replacement materials is not medically necessary.

Right additional posting/balancing: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic Devices.

Decision rationale: Regarding the request for an ankle orthotic, ACOEM Chapter 14 Table 14-3 on page 370 recommends rigid orthotics as a treatment option for plantar fasciitis and metatarsalgia. Further guidelines are found in the ODG, which recommend orthotics for plantar fasciitis and for foot pain in rheumatoid arthritis. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences, many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with plantar fasciitis, metatarsalgia, or foot pain associated with rheumatoid arthritis. Additionally, medical literature does not support the use of custom orthotics in the patient's condition of Achille's bursitis, despite the fact that the patient had a prior orthotic and this is a request for replacement. This request was documented in a RFA dated 8/3/15. As such, the current request for additional posting for a pre-existing orthosis is not medically necessary.

Left additional posting/balancing: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic Devices.

Decision rationale: Regarding the request for an ankle orthotic, ACOEM Chapter 14 Table 14-3 on page 370 recommends rigid orthotics as a treatment option for plantar fasciitis and metatarsalgia. Further guidelines are found in the ODG, which recommend orthotics for plantar fasciitis and for foot pain in rheumatoid arthritis. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences, many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with plantar fasciitis, metatarsalgia, or foot pain associated with rheumatoid arthritis. Additionally, medical literature does not support the use of custom orthotics in the patient's condition of Achille's bursitis, despite the fact that the patient had a prior orthotic and this is a request for replacement. This request was documented in a RFA dated 8/3/15. As such, the current request for additional posting for a pre-existing orthosis is not medically necessary.