

Case Number:	CM15-0187089		
Date Assigned:	09/29/2015	Date of Injury:	07/31/2013
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/23/2015

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, New York
Certification(s)/Specialty: Podiatrist

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 40 year old male with a date of injury on 7-31-13. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee pain. Progress report dated 8-24-15 reports orthopedic evaluation for left knee post arthroscopic surgery. He is undergoing physical therapy and doing well. Upon exam, he has excellent range of motion, stability is intact and he is able to flex and extend without difficulty. Treatments include: mediation, injections, physical therapy, brace, crutches and surgery. Request for authorization dated 8-27-15 was made for Bilateral foot orthotics. Utilization review dated 9-3-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral foot orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot - Orthotic devices.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Physical Examination, Diagnostic Criteria.

Decision rationale: Medical necessity is certified by evidence based criteria, governed by the medical evidence hierarchy. The Medical Treatment Utilization Schedule is considered the presumptively correct authority. As per MTUS guidelines, evaluation criteria and recommended methods of symptom control for the management of knee injuries, MTUS Pages: 331, 335, 341, 345-47, 350, Tables: 13-1, 2, 5, 6 and Algorithm: 13-3, foot orthotics are not recommended in the treatment of this injured worker. Custom foot orthotics are not medically necessary in the management of this injured worker.