

Case Number:	CM15-0200648		
Date Assigned:	10/16/2015	Date of Injury:	05/17/2000
Decision Date:	11/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland

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

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 67 year old female, who sustained an industrial injury on 5-17-2000. A review of the medical records indicates that the injured worker is undergoing treatment for knee pain left greater than right, status post complex revision of a left total knee arthroplasty, and status post right total knee arthroplasty. On 8-12-2015, the injured worker reported bilateral knee pain, with left worse than the right with intermittent swelling. The Primary Treating Physician's report dated 8-12-2015, noted the injured worker may require occasional pain medication stronger than aspirin. The injured worker was noted to be able to ambulate for only three minutes due to the bilateral knee pain with use of a front wheeled walker for added support during ambulation. The physical examination was noted to show the left knee with laxity, mild to moderate effusion, and increased warmth. Prior treatments have included Ibuprofen with development of skin welts reaction, Diclofenac with skin welts reaction, bilateral knee surgeries, and TENS. The treatment plan was noted to include requests for authorization for left knee Technetium bone scan evaluation for loosening, left knee hinged brace for left knee pain and instability, Ultram, weight loss program, water physical therapy for bilateral knee pain, and orthopedic shoes. The request for authorization dated 8-25-2015, requested a hinged brace for the left knee and purchase of orthopedic shoes. The Utilization Review (UR) dated 10-1-2015, certified the request for a hinged brace for the left knee and non-certified the request for purchase of orthopedic shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase, Orthopedic Shoe: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot procedures, online version.

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) Knee and leg-Shoes.

Decision rationale: Orthopedic Shoe is not medically necessary per the MTUS ACOEM guidelines and the ODG. The guidelines state that rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The ODG states that specialized footwear may be an option for knee arthritis. The documentation is not clear on the rationale for this request therefore this request is not medically necessary.