

Case Number:	CM15-0034366		
Date Assigned:	03/02/2015	Date of Injury:	11/16/1999
Decision Date:	04/16/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/24/2015

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

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 63 year old female who sustained an industrial injury on 11/16/1999. Current diagnoses include bilateral knee degenerative joint disease, left ankle peroneal tendon repair, and status post left hind foot calcaneal osteotomy with residual varus deformity. Previous treatments included medication management, Hyalgen injections, and left foot surgery. Report dated 02/17/2015 noted that the injured worker presented with complaints that included bilateral knee and foot pain. Pain level was rated as 7-8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 02/12/2015 non-certified a prescription for Pennsaid solution 1.5% and custom orthotics, foot (pair), based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid Drops 2% (pump bottle), quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The 2/12/15 Utilization Review letter states the Pennsaid drops, 2% (pump bottle) Qty: 1 requested on the 2/02/15 RFA and 1/23/15 medical report was denied, because "MTUS 2009 and ODG Guidelines do not recommend compound topical anti-inflammatory drops/creams." The 1/26/15 orthopedic report states body parts are the bilateral wrists and hands. The patient is improved after the 2nd left knee Hyalgan injection with ultrasound guidance. The plan is to continue with the Hyalgan injections, and for Pennsaid drops for bilateral knees. Physical exam findings revealed left knee motion 0-125 degrees and right knee 0-130 degrees. There is medial joint line tenderness. Review of the provide records show the patient was prescribed Pennsaid, or it was listed on the medication list on the 12/9/14, 1/23/14 and 1/30/14 reports. However, there is no discussion of efficacy. There is no indication that it provides a decrease in pain or improvement in function or quality of life. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS guidelines do have support for topical NSAIDs over the knees, but require documentation of a satisfactory response or functional improvement to continue use. The MTUS criteria for continued use of the topical NSAID has not been met. The request for Pennsaid drops, 2% (pump bottle) Qty: 1 IS NOT medically necessary.

Custom Orthotics, Foot (pair), quantity 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd edition, 2004, pages 371. Official Disability Guidelines (ODG) Treatment In Workers Comp. www.odgtreatment.com.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official disability guidelines, Knee Chapter, under Insoles.

Decision rationale: The 2/12/15 Utilization Review letter states the Custom orthotics, foot (pair) Qty: 1 requested on the 2/02/15 RFA and 1/23/15 medical report, was denied because there was no documentation of plantar fasciitis or metatarsophalangeal joint pain in rheumatoid arthritis. The 1/26/15 orthopedic report states body parts are the bilateral wrists and hands. The patient is improved after the 2nd left knee Hyalgan injection with ultrasound guidance. The plan is to continue with the Hyalgan injections, and for Pennsaid drops for bilateral knees. Physical exam findings revealed left knee motion 0-125 degrees and right knee 0-130 degrees. There is medial joint line tenderness. The exam shows multiple hammertoes. The diagnoses include bilateral knee DJD and tetanus post peroneal tendon repair, left ankle. MTUS/ACOEM chapter 14, Ankle and Foot Complaints, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints", states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. MTUS/ACOEM did not discuss shoe orthotics or insoles in the Knee chapter. ODG-TWC guidelines, Knee Chapter, under Insoles states: "Recommended as an option. Recommend lateral

wedge insoles in mild OA but not advanced stages of OA. Insoles can reduce pain among patients with knee OA." The patient has multiple lower extremity issues involving foot, ankle and knees. MTUS/ACOEM guidelines recommend orthotics for plantar fasciitis and metatarsalgia, but do not discuss use for peroneal tendon issues, or hammertoes. ODG guidelines for the knee state that insoles are an option for knee osteoarthritis. The physician is managing the patient's foot and knee issues. The request for shoe orthotics appears to be an option for management of the knee osteoarthritis and therefore IS medically necessary.