

Case Number:	CM15-0034660		
Date Assigned:	03/03/2015	Date of Injury:	03/25/2014
Decision Date:	04/15/2015	UR Denial Date:	02/17/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 57-year-old female, with a reported date of injury of 03/25/2014. The diagnoses include tear of the medial meniscus of the left knee, residual slight lateral patellar tracking of the left knee associated with synovitis, and residual impingement syndrome of the right shoulder with early acromioclavicular joint arthropathy. Treatments have included left knee arthroscopy, with partial medial and lateral meniscectomy on 08/15/2014, oral medications, physical therapy for the right shoulder, and acupuncture. The progress report dated 12/15/2014 indicated that the injured worker complained of low back pain, with radiation to the bilateral legs. There was a cramping sensation in the left calf, right shoulder pain with certain motions, and neck pain. The objective findings include tenderness of the right shoulder, slightly limited range of motion of the right shoulder, positive Hawkin's, spasm of the neck, decreased cervical range of motion, positive left straight leg raise test, and left index finger tender at medical aspect of the proximal interphalangeal joint. The treating physician requested orthotics to improve stand/walk tolerance affected by the knee and lumbar condition. On 02/17/2015, Utilization Review (UR) denied the request for orthotics, noting that there was insufficient information that management of low back and left knee pain would be effectively managed with orthotics. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle and Foot, Orthotics.

Decision rationale: The use of orthotics is recommended for the treatment of plantar fasciitis and arthritis in the feet. A review of the attach medical record does not indicate that the injured employee is diagnosed with either of these conditions but rather this request for orthotics is for the injured employees back and knee pain. The official disability guidelines do not recommend orthotics for these issues. As such, this request for orthotics is not medically necessary.