MAXIMUS Federal Services

Case Number:	CM15-0062700		
Date Assigned:	04/08/2015	Date of Injury:	08/25/2005
Decision Date:	05/07/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/02/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on 8/25/2005. Diagnoses include chondromalacia, medial meniscus tear and lateral meniscus tears. Treatment to date has included diagnostics, surgical intervention (knee arthroscopy 3/16/2006 and right knee arthroscopic extensive synovectomy in the patellar compartment and arthroscopic partial medial and lateral menisectomies on 9/18/2014), cortisone injections, Supartiz injections, medications, orthopedic consultation, modified activity, bracing, physical therapy and home exercise. Per the Follow-up Evaluation dated 10/02/2014, the injured worker reported continued pain status post right knee arthroscopic surgery. Physical examination revealed a well healed incision with no evidence of infection. She had 5 degrees lack of full extension and 90 degrees flexion with a mild effusion. Per the Follow-up Evaluation, dated 11/04/2014 there was no change in her physical examination. The plan of care included medications, a cane for stability, physical therapy and work restriction. Authorization was requested for bilateral custom shoes with inserts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Shoes with inserts: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: The ACOEM chapter on foot and ankle complaints and orthotic states: 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 patient does not have these diagnoses therefore the request for orthotics is not certified.