

Case Number:	CM15-0081789		
Date Assigned:	05/04/2015	Date of Injury:	11/15/2008
Decision Date:	06/08/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/28/2015

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:

This 44 year old female sustained an industrial injury to the left knee on 11/15/06. Previous treatment included magnetic resonance imaging, anterior cruciate ligament reconstruction, physical therapy, aqua therapy, knee brace and medications. On 12/29/14, the injured worker fell after her knee gave out despite wearing the knee brace. In a PR-2 dated 3/31/15, the injured worker complained of left knee pain that worsened with prolonged walking. The physician noted that magnetic resonance imaging and x-ray showed a torn medial meniscus and tricompartmental chondromalacia. Current diagnoses included knee arthritis syndrome and knee medial meniscal tear. The treatment plan included left knee arthroscopy with chondroplasty and meniscectomy or repair with associated surgical services and bilateral shoe inserts with arch supports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoe Inserts Arch Bilateral support: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, Table 14-3. Decision based on Non-MTUS Citation ODG-TWC, Knee & Leg Chapter, Insoles.

Decision rationale: Based on the 03/31/15 progress report provided by treating physician, the patient presents with left knee pain. The request is for SHOE INSERT ARCH BILATERAL SUPPORT. RFA not provided. Patient's diagnosis on 03/31/15 included left knee arthritis syndrome and left knee medial meniscal tear. Treatment to date included knee brace, injections and medications. Patient's medications include Ibuprofen. The patient is disabled, per 03/31/15 progress report. Treatment reports were provided from 10/02/14 - 03/31/15. ACOEM and MTUS do not specifically discuss shoes. 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. ODG-TWC, Knee & Leg Chapter under Insoles states: "Recommended as an option. Recommend lateral wedge insoles in mild OA but not advanced stages of OA." UR letter dated 04/06/15 states "there is lack of supportive information given that the history and physical findings are extremely brief and do not well localized what anatomic part(s) of the knee are the pain generators..." Requesting physician is an orthopedist, but medical rationale for the request was not provided. In this case, there is no mention of plantar fasciitis or ankle and foot complaints for which orthotics would be indicated. However, ODG supports insoles as an option for knee osteoarthritis, which has been documented. There is no indication that patient received shoe inserts before. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.