

Case Number:	CM14-0048438		
Date Assigned:	09/25/2014	Date of Injury:	03/29/2009
Decision Date:	11/26/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/16/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39 year old male deputy sheriff with a date of injury of 03/29/2009. He was running at work jumped over a wall and landed awkwardly on his right knee. On 03/06/2013 he had 7/10 knee pain and had right knee arthroscopic meniscus surgery previously in 2001. He was taking no medication for pain. The right knee range of motion was normal. Motor strength was normal. Gait was normal. There was 1+ effusion. McMurray's test was positive. X-ray was normal. He was to continue unrestricted work. He had right knee revision arthroscopic surgery on 06/07/2013; he had a partial medial meniscectomy, chondroplasty, removal of loose debris and a partial lateral meniscectomy. He had post operative physical therapy. On 10/31/2013 he had synvisc injection to the right knee. On 12/19/2013 the right knee range of motion was 0 - 130 degrees. On 03/03/2014 the right knee range of motion and strength were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: bilateral custom fit orthotics for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Millman Care Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Knee, Insoles.

Decision rationale: In MTUS ACOEM Chapter 13 Knee Complaints custom insoles are not mentioned as a recommended treatment. ODG 2014, Knee, Insoles note that prefabricated wedge insoles may provide some symptomatic improvement in some patients with mild osteoarthritis of the knee but there is no mention of custom fit orthotics. The purchase of custom fit orthotics is not consistent with MTUS or ODG.