

Case Number:	CM14-0089453		
Date Assigned:	07/23/2014	Date of Injury:	01/28/2011
Decision Date:	10/16/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/13/2014

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 Occupational and Environmental Medicine and is licensed to practice in Colorado. 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 worker is a 43 year old female with a date of injury of 1/28/2011. The worker underwent conservative medical treatment including physical therapy and medications. The worker eventually underwent left knee arthroscopy on August 21, 2013. Multiple diagnoses are summarized on May 12, 2014 and include lumbar musculoligamentous sprain/strain and right sacroiliac joint strain with right greater than left lower extremity radiculitis, status post left knee arthroscopy and 8/21/2013 with medial meniscectomy, degenerative joint disease in the medial joint, left ankle sprain/strain with posterior tibialis tendinitis and plantar fasciitis, status post contusion left forearm with posttraumatic left elbow medial epicondylitis, right hip sprain/strain secondary to weight-bearing compensation difficulties due to left lower extremity injuries, severe hip joint osteoarthritis with dysplasia (x-ray July 15, 2004), emotional and sleep complaints secondary to chronic pain and associated stressors. Between 5/20/14 and 6/3/14, the worker received 3 intra-articular Synvisc injections to the left knee and as of 6/3/14; the worker reported improved left knee symptoms. On 10/8/2013 there is a utilization review addressing requests for a knee brace x 1, Flexmid, 16 therapy sessions, medication Voltaren, and Norco. The knee brace, Voltaren, and Norco requests were not certified. The remaining requests were conditionally certified. On 11/18/2013 there is a utilization review for physical therapy, Flexmid, psychiatrist evaluation, and knee x-rays. The request for 8 physical therapy visits for a left knee was certified and remaining requests were not certified. On 5/12/14 there is a request for authorization of treatment for bilateral rocker soled shoes, a medial unloader brace, and BioniCare Knee System, and Norco. On 6/24/2013, there is documentation of failure of conservative treatment including Synvisc injections to the left knee. There is a plan to continue the use of Norco. There is documented tenderness with some swelling at the left medial knee joint line, tenderness at the lateral joint line, patellofemoral joint left knee with crepitus, positive grind sign of the kneecap,

pain with McMurray's testing, antalgic gait regarding left lower extremity, and tenderness in the paravertebral musculature of the lumbosacral junction.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of bilateral rocker-sole shoes: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < Milliman Care Guidelines (MCG) guideline, Foot Orthotics, Custom ACG: A-034 (AC) and the Aetna Clinical Policy Bulletin number 0451, Foot Orthotics http://www.aetna.com/cpb/medical/data/400_499/0451.html

Decision rationale: The MTUS chronic pain medical treatment guidelines provide no direct criteria for the use of rocker sole shoes although there are criteria for the use of orthotics. In this case, the request for the rocker sole shoes is coupled with a request for orthotics. The request for orthotics and/or rocker soled shoes appears to be related to the worker's residual chronic left knee pain (i.e. intended to treat the knee pain) rather than related to treatment for back or foot/ankle pain. The MTUS chronic pain medical treatment guidelines state that weight-bearing may be facilitated by the use of orthotics (page 372). Also, the MTUS state that rigid orthotics may reduce pain experienced during walking and may reduced disability for patients with plantar fasciitis and metatarsalgia (page 371). There is no commentary or criteria regarding the use of orthotics, or rocker sole shoes, in the context of knee pain. The Milliman Care Guidelines (MCG) guideline, Foot Orthotics, Custom ACG: A-034 (AC) states that "for knee osteoarthritis, studies and systematic reviews of current evidence of concluded that there are no major or long-term functional beneficial effects with the use of lateral wedge inserts for the treatment of medial compartment knee osteoarthritis". This guideline provides the following indications for custom foot orthotics: arch, heel or foot pain, juvenile osteoarthritis, pes cavus, plantar fasciitis, rheumatoid arthritis. There are no indications listed for knee pain. The Aetna Clinical Policy Bulletin number 0451, Foot Orthotics, provides medical necessity criteria for the use of orthotics that have been modified with a rocker soles. The medical necessity criteria state that foot orthotics, with or without rocker sole modification, may be indicated for medial osteoarthritis of the knee (lateral wedge insoles) when there are symptoms associated with any particular foot condition and, that foot orthotics are not considered medically necessary if the foot condition does not cause knee symptoms. There is no documentation of a foot condition as the cause of the worker's left knee symptoms. Therefore, the request for bilateral rocker sole shoes is not considered medically necessary or appropriate.