

Case Number:	CM14-0145858		
Date Assigned:	09/12/2014	Date of Injury:	11/09/2012
Decision Date:	05/11/2015	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/08/2014

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. 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, Hawaii
 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:

The injured worker is a 44 year old male, who sustained an industrial injury on November 9, 2012. He fell and suffered an open fracture of the right distal tibia. The injured worker was diagnosed as having right knee medial meniscus tear. Treatment to date has included diagnostic studies, surgery, physical therapy, injection and medications. On September 3, 2014, the injured worker was status post right knee arthroscopy, excision of medial synovial plica and partial medial meniscectomy from 08/26/2014. Examination of the knee revealed well-healed incisions. There were no subjective complaints listed in the report. The treatment plan included physical therapy and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pair of custom-made orthotics for the feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Ankle and Foot, Orthotic devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot Orthotic devices.

Decision rationale: The patient presents with right knee and ankle pain. The current request is for Pair of custom-made orthotics for the feet. The report for this request was not submitted for review. The treating physician states, the patient is doing well postoperatively. He may begin physical therapy. (24B) the patient had right medial meniscal tear surgery on 8/26/14. EMG studies showed an absent study of sensory nerve action potential of right superficial peroneal and right medial plantar sensory nerves, an abnormally prolonged peak of latency of sensory nerve action of potential right sural nerves, an abnormally decreased amplitude of compound motor action of the potential right peroneal nerve at the ankle and knee levels. The ODG guidelines state, recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). In this case, the treating physician has not documented that the patient has plantar fasciitis or rheumatoid arthritis. The current request is not medically necessary and the recommendation is for denial.