

<b>Case Number:</b>	CM15-0010609		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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:

The injured worker is a 53 year old male, who sustained an industrial injury on June 19, 2013, April 1, 2013 and February 2, 2105. The diagnoses have included internal derangement of the knee and joint pain of the left leg. Treatment to date has included knee surgery, pain medication and physical therapy. Currently, the injured worker complains of an acute flare up of knee pain. On examination, the right knee demonstrated 1+ joint effusion and tenderness over the medial joint line. His range of motion was slightly restricted. An x-ray revealed good preservation of joint surface and space in all compartments, no significant narrowing. On January 13, 2015 Utilization Review non-certified a request for custom orthotics x 2 for the right knee, noting that the injured worker had an excellent range of motion and had minimal patellar malalignment and maltracking. The, ACOEM was cited. On January 20, 2015, the injured worker submitted an application for IMR for review of custom orthotics x 2 for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom orthotics for the right knee, set of two:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and foot chapter on orthotic devices

**Decision rationale:** This patient presents with right knee pain. The patient is status post right knee arthroscopy from 03/07/2014. The treater is requesting CUSTOM ORTHOTICS FOR THE RIGHT KNEE, SET OF 2. The RFA dated 01/05/2015 shows a request for custom orthotics x2, ■■■ total for a pair. The patient's date of injury is from 06/19/2013, and his current work status is modified duty if available; if not TTD. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under ankle and foot chapter on orthotic devices states that it is recommended for plantar fasciitis and forefoot pain in rheumatoid arthritis. ODG also states, "Both prefabricated and custom orthotic devices are recommended for plantar heel pain -plantar fasciitis, plantar fasciosis, heel-spur syndrome. Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom-made orthosis in people who stand for more than eight hours per day. The 01/07/2015 report shows that the patient continues to make progress with overall good recovery. The patient states that physical therapy is helping. It was noted that the patient is using his orthotic and it helps. Exam findings show ligamentous testing demonstrates normal stability. X-ray of the right knee from 10/29/2014 shows good preservation of joint surface/base in all compartments, no significant narrowing. There is calcification of the periphery of the remaining medial meniscus cartilage. The patient does not present with plantar fasciitis, plantar fasciosis or heel-spur syndrome. In this case, while the patient reports benefit while using his current orthotics, the patient does not meet the required criteria by ODG for orthotic devices. The request IS NOT medically necessary.