

Case Number:	CM15-0018824		
Date Assigned:	02/06/2015	Date of Injury:	08/27/2004
Decision Date:	03/30/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/01/2015

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 62 year old female, who sustained an industrial injury on 8/27/04. The injured worker has complaints of left knee pain. The documentation noted that her symptoms had worsened, that she twisted her knee a couple times and has had increased pain as well as popping and swelling. Left knee examination showed a deformity and effusion. There was tenderness to palpation at the medial and lateral joint and range of motion was 0-120 pain with deepen flexion. The injured worker has complaints of lower back pain that radiates pain and numbness down the left buttocks which wraps around to the groin and down the anterior and posterior aspect of the left lower extremity. The diagnoses have included status post left total knee arthroplasty. Treatment to date has included total knee arthroplasty 7/30/14; physical therapy services; left knee X-ray 3 views 1/13/15 was well-positioned, well-fixed, cemented total knee arthroplasty in excellent alignment and medication. According to the utilization review performed on 1/27/15, the requested Outpatient re-evaluation with foot and ankle specialist for consideration of orthotics has been non-certified. CA MTUS: 2010 Revision, Web Edition and the Official Disability Guidelines: Chapter Ankle/Foot, Web Edition was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient re-evaluation with foot and ankle specialist for consideration of orthotics:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Web Edition. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Ankle/Foot, Web Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official disability guidelines Knee chapter, Orthoses ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The 1/27/15 Utilization Review letter states the re-evaluation consult for shoe orthotics requested on the 12/15/15 medical report was denied because the reporting did not meet the ODG criteria for orthotic devices. According to the 12/15/15 spinal orthopedic report, the patient presents with 8/10 low back pain with radiating pain and numbness down the left buttocks, groin, anterior and posterior aspects of the left lower extremity. The patient ambulates with a cane and antalgic gait. The diagnoses include: s/p left knee TKA, 7/30/14; L2/3 and L5/S1 spondylolisthesis; worsening unstable gait; lumbar scoliosis, apex L2 ; left knee DJD; lumbar radiculopathy. MTUS/ACOEM Chapter 12, Low Back Complaints, page 308, table 12-8, states shoe lifts are not recommended, but shoe insoles are optional. ODG guidelines, Knee chapter online for Orthoses states these are recommended for knee arthritis. At The [REDACTED] Comparative Effectiveness Review of PT for knee arthritis concluded that orthotics improved pain, disability, psychological disability, quality of life, and joint measures of function but did not improve global assessment, gait and composite function measures. ACOEM Chapter 7 was not adopted into the MTUS guidelines, but would be the next highest review standard, as MTUS does not discuss consultations. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The ACOEM guidelines allow for consultations for additional expertise on the plan or course of care. MTUS/ACOEM guidelines has support for shoe insoles for low back complaints and ODG guidelines has support for orthotics for knee arthritis. The request appears to be in accordance with the guidelines. The request for Outpatient re-evaluation with Foot and Ankle specialist for consideration of orthotics, IS medically necessary.