

Case Number:	CM15-0144200		
Date Assigned:	08/05/2015	Date of Injury:	07/01/2008
Decision Date:	10/02/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year old male patient who sustained an industrial injury on July 01, 2008. Within the provided documentation was a follow up visit dated September 10, 2010 explaining an injury while at work of him falling out of the truck and injured his right knee. He states having had two knee surgeries, right in December 2008, and February 16, 2010. He states the second surgery offered him benefit and noted going back to work duty. He reports having intermittent sensations of bulging under the right knee and takes Norco 10 mg 325 mg every six hours during the work day. The right knee still has frequent moderate pains and varies with swelling. The patient has current subjective complaint of constant slight pain in bilateral knees. Objective assessment found the patient walking with an antalgic gait, slow but essentially normal. He has normal motor in the upper extremities with flexion, abduction both at 180 degrees, and external and internal rotation both at 90 degrees. There is full range of motion of the elbows and hands. There is note of the patient having been wearing Z-Coil shoes which offer him comfort. Previous conservative treatment to include: activity modification, work break, oral medications, course of physical therapy, injections, consultations with recommendation to undergo surgical repair. The impression found the patient with status post lateral meniscectomy, right; status post chondroplasty of the patellofemoral and lateral condyle, and osteoarthritis of bilateral knees. His condition is maximal medical improvement. There is standing recommendation to obtain durable medical equipment of Z-Coil shoes for orthotic comfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Shoes: 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 Official Disability Guidelines (ODG) Knee, Shoes and Other Medical Treatment Guidelines FDA in 42 CFR 414.202.

Decision rationale: This claimant was injured 7 years ago in 2008 when he fell out of a truck and injured his right knee. He states having had two knee surgeries. The second surgery offered him benefit and noted going back to work duty. The right knee still has frequent moderate pains and varies with swelling. The patient has current subjective complaint of constant slight pain in bilateral knees. There is note of the patient having been wearing Z-Coil shoes which offer him comfort. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes under, Knee, Shoes: Recommend special footwear as an option for knee osteoarthritis. In this case, an orthopedic shoe is requested, without definition of how it should be medically designed. Also, osteoarthritis is not documented. Shoes of course are standard clothing items, and not necessary for medical treatment as they are used by nearly 100% for the U.S. population. The choice of a shoe is up to the individual. Durable Medical Equipment, as defined by the FDA in 42 CFR 414.202, is equipment which is furnished by a supplier or home health agency that: 1. Can withstand repeated use, 2. Is primarily and customarily used to serve a medical purpose, 3. Is generally not useful to the individual in the absence of an illness or injury, and is appropriate for use in the home. Without clarification of medical purposes, this device fails to meet the FDA definition of durable medical equipment. I am not able to endorse certification; therefore the request is not medically necessary.