

Case Number:	CM15-0175276		
Date Assigned:	09/16/2015	Date of Injury:	02/01/2003
Decision Date:	10/16/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/04/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 63 year old female, who sustained an industrial injury on 2-1-03. The injured worker was diagnosed as having status post right total knee replacement on 3-28-08, status post left total knee replacement of 9-12-08, status post revision of right total knee replacement in June 2014, and increased loosening of the tibial component and cortical thickening with impending fracture of the right proximal tibial. Treatment to date has included bilateral knee surgeries and exercise. Physical examination findings on 8-6-15 included right knee swelling, effusion, or instability. Range of motion was 0 -110 degrees. Left knee findings included 0-115 degrees of range of motion with mild quadriceps or hamstring weakness. On 8-6-15 the treating physician noted "her knee replacement is doing well." Currently, the injured worker complains of pain in the lumbar spine. On 8-6-15, the treating physician requested authorization for bilateral knee replacement surgery and 1 gel pad inserts for bilateral shoes. On 9-1-15 the requests were non-certified. Regarding bilateral knee replacement surgery, the utilization review (UR) physician noted "there is no information in any report to reflect a problem with the left knee prosthesis. There is no evidence of other clinical findings to support the recommendation for surgery." Regarding gel pad inserts, the UR physician noted, "there is so substantial evidence that the patient is diagnosed with osteoarthritis as the guidelines recommend use for."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral knee replacement surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee arthroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Revision total knee arthroplasty.

Decision rationale: Per ODG: Criteria for Revision total knee arthroplasty: Recurrent disabling pain, stiffness and functional limitation that has not responded to appropriate conservative nonsurgical management (exercise and PT); fracture or dislocation of the patella; Instability of the components or aseptic loosening; infection; periprosthetic fractures. In this case, the provided clinical notes from 8/6/15 do not demonstrate any problems with the TKA implants the patient does not meet ODG criteria for revision TKA. The request is not medically necessary.

1 Gel pad inserts for bilateral 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 (ODG), Knee and Leg (Acute and Chronic), Insoles.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Shoe insoles/shoe lifts.

Decision rationale: Per ODG, Recommended as an option for patients with a significant leg length discrepancy or who stand for prolonged periods of time. Not recommended for prevention. Customized insoles or customized shoes are not recommended as a treatment for back pain. (Chuter, 2014) This Cochrane review concluded that there is strong evidence that insoles are not effective for the prevention of back pain, but the current evidence on insoles as treatment for low-back pain does not allow any conclusions. (Sahar-Cochrane, 2007) (Sahar, 2009) They may be helpful for patients with a significant leg length discrepancy (> 2-3cm) or with prolonged walking requirements. Shoe insoles (or inserts) are devices placed inside shoes that may vary from over-the-counter foam or rubber inserts to custom-made orthotics. One of the therapeutic objectives of shoe inserts is the reduction of back pain. Shoe lifts (or heel lifts) are additions made to the heel or sole of a shoe to increase its height. The therapeutic objective of shoe lifts is to compensate for lower limb length inequality and thereby reduce back pain. Shoe insoles may be effective for patients with acute low back problems who stand for prolonged periods of time. Given the low cost and low potential for harms, shoe insoles are a treatment option. Shoe lifts may not be appropriate for treatment of acute low back problems when lower limb length difference is ≤ 2 cm. (Basford, 1988) (Bigos, 1999) (Larsen, 2002) (Bird, 2003) This study demonstrates that low back pain decreased significantly after the use of real insoles compared to placebo ones, among workers whose job involves long-distance

walking. (Shabat,2005) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This study showed improvement in back pain and disability with the use of shoe orthotics compared with a wait-list control group. (Cambron, 2011) According to this systematic review, no statistically significant effect for the use of insoles or foot orthoses is seen for either prevention or treatment, except possibly patients with low arches or other foot problems. The results trend in a positive direction for treatment of LBP, and the study reporting the largest effect size targeted participants with a pronated (low arched) foot posture. The results for the use of insoles or foot orthoses in the prevention of LBP are less positive. In this case, the patient does not have a significant limb length discrepancy and therefore does not meet ODG criteria for shoe insoles. The request is not medically necessary. The recommendation is for non- certification.