

Case Number:	CM15-0077604		
Date Assigned:	04/29/2015	Date of Injury:	01/08/2004
Decision Date:	05/28/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/23/2015

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, New York, 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 applicant is a represented 57-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 8, 2004. In a Utilization Review report dated April 2, 2015, the claims administrator failed to approve a request for custom shoe lifts and 12 sessions of physical therapy. The claims administrator referenced a March 19, 2015 RFA form in its determination. The claims administrator noted that the applicant was some two and half months removed from the date of surgery as of the date request. The claims administrator partially approved the request for physical therapy as nine-session course of the same. Non-MTUS ODG Guidelines were invoked, despite the fact that the applicant was still within the six-month postsurgical physical medicine treatment period established in the MTUS Postsurgical Treatment Guidelines following earlier knee manipulation under anesthesia surgery, as transpired here. The applicant's attorney subsequently appealed. On January 23, 2015, the applicant reported ongoing complaints of knee pain status post earlier total knee arthroplasty surgery. The applicant had also undergone a subsequent lysis of adhesions procedure. Norco and physical therapy were endorsed. The applicant was placed off of work, on total temporary disability. In a RFA form dated March 24, 2015, the attending provider stated that the applicant had developed a subjective leg length discrepancy following a total knee arthroplasty. It was stated that shoe lifts were need to balance out the applicant's leg length discrepancy, which was neither measured or quantified. In an associated progress note dated March 19, 2015, the applicant reported some improvement following earlier knee lysis of adhesions procedure. The applicant reported some difficulty ascending and descending stairs. The applicant stated that right leg was now longer than his left

leg following the total replacement procedure. Shoe lifts were endorsed. Additional physical therapy was sought while the applicant was placed off of work, on total temporary disability. 4/5 knee motor strength with 120 degrees of knee range of motion was appreciated on exam. A handwritten physical therapy progress note dated February 6, 2015 suggested that the applicant completed 6 to 12 sessions of physical therapy authorized through that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom left shoe lifts: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 2/27/15) Insoles.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Low Back Disorders, pg 521 3. Recommendation: Shoe Insoles and Lifts for Significant Leg Length Discrepancy Shoe lifts are recommended for treatment of chronic or recurrent low back pain among individuals with significant leg length discrepancy of more than 2cm. Indications Leg length discrepancies that are confirmed on repeated measurements as over 2cm. Frequency/Duration Daily use of shoe lifts.

Decision rationale: No, the request for custom left shoe lift was not medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of heel lifts following total knee arthroplasty surgery, as apparently transpired here. While the Third Edition ACOEM Guidelines do recommend introduction of shoe lifts in applicants with a significant leg length discrepancy of more 2 cm, which are confirmed on repeated measurements, in this case, however, the attending provider indicated on his March 24, 2015 RFA form that the reports of leg length discrepancy were entirely subjective. The attending provider did not measure the alleged leg length discrepancy on as progress note of March 19, 2015. The introduction of a custom left shoe lift, thus, was not indicated here, given the attending provider's failure to corroborate the allegation of leg length discrepancy. Therefore, the request was not medically necessary.

Physical therapy Qty: 12: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 2/27/15) Physical Medicine Treatment.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Conversely, the request for 12 sessions of physical therapy was medically necessary, medically appropriate, and indicated here. Approval request did represent extension of treatment compatible with the 20-session course recommended in the MTUS Postsurgical

Treatment Guidelines following manipulation under anesthesia surgery involving the knee, as apparently transpired here. The Postsurgical Treatment Guidelines further note in MTUS 9792.24.3.c.2 that the medical necessity for postsurgical physical medicine treatment is contingent on a number of applicant-specific factors such as comorbidities, prior pathology, and/or surgery involving the same body part, complexity of surgical procedures undertaken, etc. Here, the applicant had apparently had multiple surgeries involving the injured knee. The applicant still had some residual gait derangement defect evident on or around the date of the request. Additional functional improvement could theoretically have been effected with further treatment. Therefore, the request was medically necessary.