

Case Number:	CM15-0096476		
Date Assigned:	05/27/2015	Date of Injury:	09/12/2014
Decision Date:	07/02/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/19/2015

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 55-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 12, 2014. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve a request for a podiatry consultation with associated evaluation for orthotics. A RFA form dated May 4, 2015 and an associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On February 11, 2015, the applicant underwent a knee meniscectomy procedure. In a progress note dated March 31, 2015, the applicant was placed off of work owing to ongoing knee pain complaints. The applicant was still using a cane to move about on that date, it was reported. In a RFA form dated May 4, 2015, a podiatry evaluation, infra red therapy, physical therapy, myofascial release therapy, electrical muscle stimulation, medication management consultation, acupuncture, and a TENS unit were endorsed. In an associated progress note of May 4, 2015, the applicant was asked to pursue a podiatry consultation for custom foot orthotics. The applicant did not, however, have any foot or ankle pain complaints reported on that date. 8-9/10 knee pain was noted. Acupuncture was sought. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Podiatry consultation/ evaluation for custom functional orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Knee Disorders, pg 638 ORTHOSES (including Wedged Insoles), Orthoses have been used for treatment of knee osteoarthritis.997, 1001, 1004, 1026, 1036-1049, Recommendation: Orthoses for Moderate to Severe Chronic Knee Osteoarthritis, Orthoses (lateral wedges for medial joint disease) are moderately not recommended for treatment of moderate to severe chronic knee pain due to osteoarthritis. Strength of Evidence: Moderately Not Recommended, Evidence (B).

Decision rationale: No, the request for a podiatry consultation evaluation for custom foot orthotics was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that a referral may be appropriate if a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery, here, however, it was not clearly stated or clearly established why a podiatry consultation was being sought. The applicant did not appear to have any foot or ankle pain complaints evident on the May 4, 2015 office visit at issue. The applicant's pain complaints were seemingly confined to the symptomatic left knee; it was reported on that date. The attending provider likewise failed to furnish a clear, compelling, or cogent applicant-specific rationale for provision of orthotics for knee pain. The Third Edition ACOEM Guidelines Knee Chapter notes on page 638 that orthotics and/or wedge insoles are "moderately not recommended" for applicants with moderate-to-severe knee pain associated with knee arthritis, i.e., one of the operating considerations here. Therefore, the request is not medically necessary.