

Case Number:	CM13-0012240		
Date Assigned:	03/03/2014	Date of Injury:	04/13/2011
Decision Date:	04/28/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Podiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39-year-old female who reported an injury on 04/13/2011. The mechanism of injury occurred when 40 to 45 boxes containing metal curtain rods fell and landed on both of the patient's feet. The most recent documentation provided in the medical records is dated 08/16/2013, which is a clinical note documented by a home health assistant. It states the patient was taken to run errands. The patient was also taken to the bank and complained of foot pain. The Qualified Medical Re-evaluation dated 07/10/2013 noted that the patient had 3+ pitting edema in the right lower extremity, and pulses were palpable at the dorsalis pedis and posterior tibial arteries of bilateral extremities and rated 2/3. Capillary filling time of digits 1 through 5 was within normal limits. Muscle strength of the bilateral lower extremities was found to be well within normal limits and was rated at 5/5. The patient used a cane during ambulation. She complained of pain on heel contact with the right extremity. The left foot had propulsive gait. The patient has difficulty balancing without the use of a cane. The patient was released to modified work duties with work restrictions, which allows 90% sitting and the use of a cane for short periods of ambulation. The patient was precluded to lifting, pulling, pushing, or carrying objects weighing more than 10 pounds at any 1 time, and not on a repetitive basis. The patient is restricted from climbing ladders or stairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

BALLET STYLE WATER SHOE FOR WATER THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee & Leg, Compression Garments.

Decision rationale: The California MTUS/ACOEM does not address DME or special footwear. The Official Disability Guidelines state that special footwear is recommended as an option for patients with knee osteoarthritis. It is also stated that durable medical equipment is recommended if it is primarily and customarily used to treat a medical purpose, if it generally is not useful to a person in the absence of illness or injury, and can withstand repetitive use, for example could normally be rented and used by successive patients. As there is no documentation in the medical records of any recent significant office examination findings and no documentation that the patient is participating in any type of aquatic therapy at this time, the medical necessity for the request service cannot be determined at this time and the request for ballet style water shoe for water therapy is non-certified.

COMPRESSION STOCKING 30/40 X2 PAIRS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee & Leg, Compression Garments.

Decision rationale: The California MTUS/ACOEM does not address compression garments. Per Official Disability Guidelines, compression garments are recommended. There is good evidence for use of compression, but little is known about dosimetry in compression, for how long, and for what level should be applied. Low levels of compression from 10 to 30 mmHg applied by stockings are effective in the management of varicose veins in pregnancy, prevention of edema and deep vein thrombosis. The requested service is for compression stockings of 30/40 times 2 pairs, which exceeds that which is recommended per ODG. There is also a lack of documentation provided in the medical records of exactly why the requested service is being requested. As such, the request for compression stocking 30/40 x2 pairs is non-certified.

CUSTOM DIABETIC SHOES TIMES 1 PAIR WITH INSOLES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Ankle & Foot, Orthotic Devices

Decision rationale: The California MTUS/ACOEM does not address diabetic shoes or durable medical equipment. Per Official Disability Guidelines, it is stated that foot orthotics are recommended for plantar fasciitis, and for foot pain in rheumatoid arthritis. As there is no

documentation in the medical records of the patient having a diagnosis of plantar fasciitis or foot pain, the medical necessity for foot orthotics cannot be determined at this time. There is no documentation of any recent objective findings upon examination that would warrant the medical necessity for the requested service. As such, the request for custom diabetic shoes times 1 pair with insoles is non-certified.