

Case Number:	CM13-0027816		
Date Assigned:	11/22/2013	Date of Injury:	05/21/2012
Decision Date:	01/24/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of May 21, 2012. Thus far, the patient has been treated with the following: Analgesic medications; prior distal metatarsal osteotomy and proximal phalanx osteotomy with metatarsal chondroplasty and removal of loose body surgery on October 28, 2013; and extensive periods of time off of work, on total temporary disability. In a utilization review report of May 21, 2012, the claims administrator denied a request for metallic boots, citing a non-MTUS ODG durable medical equipment topic. The patient's attorney later appealed, on September 17, 2013. On November 11, 2013, it says that the patient is doing well status post prior surgery, has mild edema of the first MTP joint, and has no drainage from the incision site. Physical therapy and Percocet are endorsed while the patient remains off of work, on total temporary disability. On May 24, 2013, the patient is given a diagnosis of degenerative joint disease about the left first MTP joint and asked to remain on full-duty work. A steel shank metallic shoe is endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of steel shank boot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: The MTUS does not fully address the topic, although the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-3 do support surgical shoes, wide shoes, and air-sole shoes in certain contexts, none of which are present here. The Third Edition ACOEM Guidelines note that there is no recommendation for or against the use of special-fitted shoes for lower extremity disorders, including basketball shoes, military boots, etc. In this case, moreover, the proposed steel shank shoe appears to have been a device that may have benefitted the applicant while he was working. He has since been removed from the work place postoperatively. Given the fact that he has had recent surgery, a rigid shoe with a metallic shank may not be the most appropriate option. Therefore, the request is not certified given the change in medical circumstances postoperatively and the tepid ACOEM recommendations.