

Case Number:	CM13-0030964		
Date Assigned:	12/04/2013	Date of Injury:	06/28/2001
Decision Date:	01/10/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois, Indiana and Texas. 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 is a 70-year-old male who sustained an occupational injury on 06/28/2001. The patient's diagnoses include chronic pain syndrome, left shoulder rotator cuff repair, low back pain, spinal stenosis of the lumbar region, adjustment disorder with anxiety, and degenerative disc disease. The patient also has a remote history of polio. According to the documentation submitted for review from 06/26/2013, the patient presents for followups with complaints of moderate to severe back pain. Objective findings on that day revealed and antalgic gait. The records also indicate with medications, the patient struggles, but is able to fulfill daily home responsibilities. The patient's current medications include Effexor XR, Naprosyn, Norco, Seroquel, and trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) lift removals from the left shoe: 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), Low Back - Lumbar & Thoracic (Acute & Chronic)..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle

Chapter, Orthotic devices and Kevin M. Wong, DC "To Heel Lift or Not to Heel Lift? That is the Question". Dynamic Chiropractic - April 15, 2013, Vol. 31, Issue 08..

Decision rationale: A leg-length difference can cause a great deal of pain and needs to be addressed as quickly as possible. In fact, research suggests a leg-length difference (measured while standing) of 5-9 mm or more results in a higher incidence of low back pain. It is important to make the distinction between the anatomically short leg and the functionally short leg as the two concepts have radically different meanings for the biomechanics of the body, and each benefits from its own specific treatment. According to the documentation submitted for review from 06/26/2013, the patient indicates he has orthopedic shoes that were provided to him by the insurance carrier for quite some time. The patient also indicates he has recently been advised by his non-industrial orthopedic surgeon that he does not require a lift in his shoes. Therefore, the current request for removal of lift has been made. While California MTUS/ACOEM is silent on the issue of shoe lifts, the Official Disability Guidelines indicate foot orthoses produce small short-term benefits in function and may also produce small reductions in pain for people with certain conditions, but they do not have long-term beneficial effects when compared with a sham device. Furthermore, in patients with leg length discrepancies patients either require adjustments or correction of leg length with heel lift. While there is some indication in the file the patient has a leg length discrepancy of 7 mm secondary to a history of polio, there is also evidence in the file that an orthopedic surgeon has suggested the patient no longer needs a lift. In addition, the patient does say that when he uses footwear that has no lift he feels less pain in the left side of his back. Given all of the above, the patient does not appear to require foot orthoses or modified shoes at this time. Therefore, the rationale for the request of simply removing the lift from one shoe is unclear as the patient reports benefit when wearing non-modified shoes. As such, this request cannot be supported and is therefore, non-certified.

Two (2) additional pairs of modified 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), Low Back..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter, Orthotic devices and Kevin M. Wong, DC "To Heel Lift or Not to Heel Lift? That is the Question". Dynamic Chiropractic - April 15, 2013, Vol. 31, Issue 08..

Decision rationale: The California MTUS/ACOEM is silent on the issue of foot orthoses/heel lifts. However, the Official Disability Guidelines indicate outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. According to the documentation provided for review from 06/26/2013, the patient indicates he has been provided with orthopedic/modified shoes for quite some time by the insurance carrier. However, he indicates he recently was advised by his orthopedic surgeon that he no longer requires a lift. Furthermore, he indicates that he notices that when he uses non-modified footwear he does feel less back pain. Despite the fact the patient has a history of acute poliomyelitis with leg length discrepancy of 7 mm, guideline recommendations for use of a heel lift for correction of leg

length discrepancy does not call for use of a lift unless patient's discrepancy is that of 2 cm or greater. Given the patient does not meet guideline criteria for use of a heel lift, nor does he appear to meet any other guideline criteria for use of modified shoes and actually reports pain relief while wearing non-modified shoes this request cannot be supported and is therefore, non-certified.