

Case Number:	CM13-0034932		
Date Assigned:	12/11/2013	Date of Injury:	05/15/2012
Decision Date:	01/31/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/24/2013

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 Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information this patient underwent an ORIF of a left distal fibular fracture on 8-2-2012. Her original date of injury was 6-15-2012. Post operatively the patient underwent CAM walker immobilization, physical therapy, as well as took NSAIDS for her discomfort and inflammation. On 11-16-2012 the patient was fitted with a pre fabricated ankle-foot brace to provide support. On 2-8-2013 it is noted that her foot and ankle instability is well controlled with the pre-fabricated ankle-foot brace. The progress note dated 4-29-2013 advises that the patient was wearing her brace and still having pain and burning to the left lateral ankle. On 8-28-2013 the patient still having pain to the left foot, unable to wear the brace due to her shoes. The patient states on the 9-24-2013 visit that she is unable to ambulate without her prefabricated ankle-foot brace, but at the same time it does not fit in any of her shoes. X-rays that day demonstrated well healed fracture. It was recommended that she get accommodative orthopedic shoe gear to accommodate the brace. On 12-4-2013 she underwent removal of hardware left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

A pair of accommodative orthopedic shoes: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare criteria for coverage of orthopedic shoes.

Decision rationale: After careful review of the enclosed information and the coverage criteria for accommodative orthopedic shoe gear, the orthopedic shoes in question for this patient are not medically necessary. Review of the MTUS guidelines does not reveal any coverage criteria concerning orthopedic shoes. Medicare guidelines, however, state clearly that Medicare will not cover orthopedic shoes and other supportive devices for the feet, unless it is an integral part of a leg brace and its expense is included as part of the cost of the brace. Also, a narrow exception permits coverage of therapeutic shoes and inserts for certain patients with diabetes. The enclosed progress notes do not advise that these recommended shoes for this patient will be an integral part of a leg brace and its expense is included as part of the cost of the brace. Furthermore, there is no evidence in the chart that this patient has diabetes or any risk factors that would allow for coverage of diabetic type orthopedic shoes.