

Case Number:	CM13-0037468		
Date Assigned:	12/13/2013	Date of Injury:	03/14/2001
Decision Date:	02/27/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/21/2013

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 is a 60-year-old male who sustained an injury on 03/14/2001, when a large metal valve fell onto his right foot. On 07/30/13, [REDACTED] performed: (1) Right first metatarsal plantar flexion osteotomy (2) Bone grafting of metatarsal osteotomy using allograft bone (3) Exostectomy of right first metatarsal head. [REDACTED] saw the patient on 10/11/2013 and noted the following: His pain is worsening around the midfoot, at the site of surgical reconstruction Wound Incision healing well/healed. There is minimal erythema, moderate postoperative swelling, and moderate pain. Full weight bearing in a regular shoe. Hind foot range of motion (ROM) good. Hind foot strength limited. Postoperative x-rays show incomplete healing of the metatarsal osteotomy site, some collapse of the site, with bending of the hardware. Diagnosis: Status post foot/ankle reconstructive surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of Masai Barefoot Technology (MBT) 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) Ankle & Foot (Acute & Chronic), Orthotic devices

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

Decision rationale: "According to the makers of MBT (Masai Barefoot Technology) shoes, our bodies and feet are not accustomed to modern life. As a result, we experience back pain and foot pain when walking in shoes. According to MBT, "natural instability has some amazing health benefits." MBT shoes were created after the realization that the Masai walking barefoot on uneven ground are healthier than we are walking on hard, flat surfaces."(Wikipedia) Rocker profile shoes are commonly prescribed based on theoretical considerations with minimal scientific study and validation. Rocker profiles are used to afford pressure relief for the plantar surface of the foot, to limit the need for sagittal plane motion in the joints of the foot and to alter gait kinetics and kinematics in proximal joints. In this review, efficacy has not been demonstrated. The effectiveness of rocker-soled shoes in restricting sagittal plane motion in individual joints of the foot is unclear. Rocker profiles have minimal effect on the kinetics and kinematics of the more proximal joints of the lower limb, but more significant effects are seen at the ankle. (Hutchins, 2009) Efficacy has not been demonstrated.