

Case Number:	CM13-0049769		
Date Assigned:	01/03/2014	Date of Injury:	12/12/2002
Decision Date:	04/15/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/08/2013

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 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 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:

According to the enclosed information this pt was injured at work on 12-12-2002. A large block of steel fell on his left foot. On 6-6-2013 the pt was evaluated and describes that pain as sharp and stabbing to the left foot. The pain is frequent and severe. The pain is affecting his activities of daily living. X rays reveal no acute fractures or arthritic changes, fusion of 1st and 2nd tarsometatarsal joints. The physical exam reveals antalgic gait, swelling of the left foot, cavus foot structure, forefoot tenderness dorsally and plantarly, diminished ROM to 1st MPJ. Diagnoses include arthritis ankle and foot, crushing injury of foot, sesamoiditis, and metatarsalgia. Pt taking NSAIDS, pain medication, and using a cane for ambulation. On 10-15-2013 pt was recommended to start wearing rocker bottom shoes used to improve walking and standing capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PAIR OF ROCKER BOTTOM 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, Ankle & Foot (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) Ankle and Foot,

Acute and chronic. Other Medical Treatment Guideline or Medical Evidence: The Foot 19 (2009) 165-170: The Biomechanics and Clinical Efficacy of Footwear Adapted with Rocker Profiles--Evidence in the Literature:

Decision rationale: The decision for one pair of rocker bottom shoes is not reasonable or medically necessary at this time. The use of rocker bottom shoes to defer friction and pressure from the bottom of the foot is anecdotal and theoretical. As stated in the medical article referenced above, there is no hard scientific evidence to confirm that these devices actually reduce pressure to the foot. Therefore, not recommended.