

<b>Case Number:</b>	CM13-0054624		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/06/1999
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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, has a subspecialty in Interventional Spine 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 63 year old male with date of injury 4/6/99. The request is for DME (1) custom shoes or modified Z-Coil shoes. The orthopedic surgeon's report dated 11/6/13 states that the patient's diagnoses are: 1. Talipes equinovarus Right Severe bilateral cavovarus foot secondary to Clubfoot or Charcot Marie Tooth- unlikely due to polio. 2. Right foot arthritis 3. Left talus fracture s/p ORIF - non-industrial The utilization review report dated 11/14/13 states that the request for 1 custom shoes or modified z-coil shoes is denied based on lack of guideline recommendation and not within the standard of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: 1 custom shoes or modified z-coil shoes:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LC4610.5 (2).

**Decision rationale:** The patient presents with increased right foot pain due to a 5/10/13 non industrial left talus fracture that required open reduction and internal fixation. As a result of the

continued swelling of the left foot he has not been able to wear his Z-coil shoes. The patient has documented history of chronic bilateral foot deformities that required multiple surgeries as a child. His right foot industrial injury in 1999 was caused by an auto accident and he had not seen his podiatrist in 10 years prior to the report dated 5/29/13. The Podiatry report dated 8/26/13 indicates that the patient is still non weight bearing of the left foot and is using 2 crutches to ambulate, continued exacerbation of right ankle and talonavicular joint with right talonavicular joint disease. The Orthopedic report dated 11/6/13 states weight bearing x-rays of the right foot and ankle show severe cavovarus foot posture with clawing deformities with advanced arthritic changes in the midfoot and Chopart joint. The recommendation was for a custom pair of shoes or an alteration of an over the counter Z-coil shoe to accommodate the difference in the shape of the right and left ankle. The MTUS, ACOEM and ODG guidelines do not address the request for a custom pair of shoes and no peer reviewed scientific and medical evidence was found. Because of this we rely upon LC4610.5(2) which states that "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the highest ranked standard is likely (D) Expert opinion or (E) generally accepted standards of medical practice. The patient is unable to wear his normal pair of Z-coil shoes due to left foot post surgical swelling. Creating a shoe or attempting to modify a current shoe to accommodate the left foot swelling may not be medically indicated. Once the swelling resolves, the custom fitted shoes will no longer fit and may not be needed. However, the patient did have a fitting Z-coil shoe, and with the current swelling from the left foot fracture has disrupted this. The left foot swelling may take couple of years before it completely resolves. In the meantime, a pair of custom fitted shoes or adjusted Z-coil shoes would appear appropriate in an attempt to re-establish prior gait pattern. Recommendation is for authorization.