

Case Number:	CM13-0059674		
Date Assigned:	12/30/2013	Date of Injury:	03/24/2004
Decision Date:	05/20/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery 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 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:

The patient is a 59-year-old gentleman who was injured in a work related accident on March 24, 2004. The clinical records provided for review include a recent August 1, 2013 progress report by the physician indicating the patient is currently utilizing orthotic footwear for a heel lift for the diagnosis of Achilles tendinosis. Formal physical examination findings on that date documented that the patient was utilizing 5/16" heel lifts bilaterally, right greater than left tenderness to palpation over the Achilles tendon. The physician recommended a pair of XXXXXXXXXX Boots for the patient's ongoing complaints. Clinical imagings, documentation of other forms of care or physical examination findings were not currently noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

XXXXXXXXXX **BOOTS FOR THE BILATERAL FEET:** 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), NON-MTUS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT IN WORKER'S COMP, 18TH EDITION

Decision rationale: California ACOEM and MTUS Guidelines do not address the specific purchase of footwear. When looking at Official Disability Guidelines, the request for orthotic devices are typically indicated for diagnoses of plantar fasciitis or recalcitrant care in rheumatoid arthritis treatment. This patient's diagnosis of Achilles tendinosis would not be supportive of custom footwear or orthotic use. Based on the recommendation of the Official Disability Guidelines and the lack of documentation of other forms of conservative measures in this individual's course of care, the request for the proposed orthotic devices cannot be recommended as medically necessary.