

<b>Case Number:</b>	CM13-0063152		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/29/2003
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 and Rehabilitation 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 51-year-old female who was injured in 2003. Apparently, she had a fall and ruptured a ligament about the ankle. She was soon diagnosed with reflex sympathetic dystrophy (RSD). Prior treatment history has included multiple nerve blocks, radiofrequency burns at the L4-L5 level, two spinal cord stimulators placed; significant pain medications; custom shoe and ankle foot orthosis (AFO) and uses a compression stocking on the left side. An Orthopedic clinic note dated October 22, 2013 documented that the patient holds her foot in a fixed equine varus position and that her skin had some mild shininess to it. She has significant tenderness if palpated around her foot plantar and dorsal with significant sensitivity in the skin. Her ankle is rigid and the hindfoot motion is less than five degrees. Her sensation was intact globally in the foot. There was a palpable dorsalis pedis pulse. The patient was diagnosed with longstanding deformity of her ankle and foot with a chronic regional pain syndrome (CRPS). Other options were discussed that included living with this as she is doing and treating it with medical management or have a below-knee amputation. The primary treating physician's progress report (PR-2) dated November 04, 2013 documented CRPS of the left foot with Achilles contracture and requested new fitted orthotic boots and slippers for the winter season. There was also a request for an adjustment of shoes, which slips off and is not the right height. The PR-2 dated December 13, 2013 documented that Ketamine cream has helped, Amitriptyline 50mg is helping with sleep, mood, and pain. Ortho options that were discussed included lengthening the Achilles, which was not recommended, or a below-knee amputation, which was recommended but not sure if it will improve pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for custom orthotic fitted boots and slippers:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic regional pain syndrome (CRPS) treatment Page(s): 40.

**Decision rationale:** According to the California MTUS Guidelines, the recommended hierarchy of options for treatment of CRPS includes rehabilitation; then continuation of range of motion, stress loading, scrubbing techniques, isotonic strengthening, general aerobic conditioning, and postural normalization; and finally normalization of use, assessment of ergonomics, posture and modifications at home and work. The medical records document that the patient has had extensive treatment, which has included orthotics such as custom shoes and AFOs. There is no documentation indicating the response to use of these devices. The guidelines note that in the treatment of CRPS, the goal is to improve function. The evidence-based guidelines do not specifically address orthotic boots or slippers, and the medical records submitted do not provide a clinically significant rationale to establish the medical necessity of the items requested. Therefore, the medical necessity of custom orthotic fitted boots and slippers, has not been established.