

Case Number:	CM13-0068062		
Date Assigned:	01/03/2014	Date of Injury:	01/27/2004
Decision Date:	05/29/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 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 55 year old male who was injured on 01/27/2004. Diagnostic studies reviewed include x-rays demonstrate degenerative changes at the tarsometatarsal joints and 2 and 3 on the right foot. The x-ray of his left foot demonstrates the previous surgical site in the 5th metatarsal, which is well-healed, but no significant findings otherwise. Follow-up note dated 11/13/2013 states the patient returns at this time with multiple complaints regarding both lower extremities. His main problem involves his right foot over the dorsal aspect of the tarsometatarsal joints 2 and 3. He alters his gait and this causes pain in his right hip and right knee. The symptoms are relieved by walking on his heel. He complains of pain in his left and left heel as well. When he stands the alignment of the feet is satisfactory. His right foot demonstrates some tenderness and thickening over the tarsometatarsal joints 2 and 3. On his left foot, he demonstrates minimal symptoms about his ankle joint and the motion is satisfactory. He does have some mild heel pain. The patient continues to have discomfort about both feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

A CARBON FIBER INSERT TO RIGHT SHOE/BOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Chapter, Orthotic Devices.

Decision rationale: The CA MTUS ACOEM states that rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking, and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The physician is recommending a carbon fiber insert for the right boot/shoe because the patient has the insert in the left shoe, and feels it is helpful. However the medical necessity of this request is not supported by the medical records provided. There are no clinically significant findings on examination that support this request. In addition, there is no documentation regarding any attempts to address his present complaint with activity modification, self-applied palliative methods, judicious use of analgesics, and/or standard OTC shoe inserts. There is no demonstrated medical necessity for carbon fiber insert over the recommended interventions for treatment of the right foot complaint. Therefore the request is not medically necessary.

ROCKER BOTTOM FOR SHOES/BOOTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Chapter, Orthotic Devices.

Decision rationale: According to the Official Disability Guidelines, orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. The guidelines state 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. There are no provided subjective/objective evidence clinically significant findings on examination that support this request. The patient is employed as a maintenance mechanic. There is reasonable concern for placing rocker bottoms on his shoes, as these are less stable than standard flat bottom shoes, and would put the patient at risk in his work environment. In addition, there is no documentation regarding any attempts to address his present complaint with activity modification, self-applied palliative methods, judicious use of analgesics, and/or standard OTC shoe inserts. Furthermore, there is no medical-based evidence to support these devices as efficacious. The medical necessity of rocker bottoms has not been established.