

<b>Case Number:</b>	CM13-0072462		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	11/13/2001
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in. 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:

Thus far, the applicant has been treated with the following: Analgesic medications; multiple foot and ankle surgeries; a topical Voltaren gel; eventual diagnosis with ankle arthritis; and reported return to regular work. In a Utilization Review Report dated December 11, 2013, the claims administrator reportedly denied a request for orthopedic shoes and a compressive stocking. A clinical progress note dated September 27, 2013 was notable for comments that the applicant reported chronic foot and ankle pain. Well-preserved range of motion and strength were noted, despite an antalgic gait evident. The applicant exhibited well-healed scars about the ankle. X-rays demonstrated arthritic changes about the ankle. MRI imaging of the ankle and an Arizona brace were endorsed while the applicant was reportedly returned to regular work. The applicant was asked to consider corticosteroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOPEDIC SHOES, ACCOMODATIVE SHOES, WIDE.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Orthotics.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-3 do endorse soft, supportive shoes in the treatment of plantar fasciitis and soft, wide shoes in the treatment of hallux valgus, in this case, however, no compelling rationale for usage of the shoes in question was provided. The narrative progress note provided suggested that the applicant was considering a corticosteroid injection and a special brace. The attending provider did not specifically allude to or make mention of the proposed wide orthopedic shoes in his progress note. No rationale for usage of this device was provided. Therefore, the request is not medically necessary.

**COMPRESSION STOCKING LEFT LEG, 20-30 MMHG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Compression Stockings.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (CRPS) Chronic Regional Pain Syndrome Treatment topic Page(s): 40.

**Decision rationale:** While page 40 of the MTUS Chronic Pain Medical Treatment Guidelines would support usage of stockings as a method of edema control to treat applicants with early stage chronic regional pain syndrome, in this case, however, there is no mention of the applicant's carrying a diagnosis of chronic regional pain syndrome for which supportive stockings or related treatment would be indicated. As with the request for the orthopedic shoes, the attending provider did not specifically make mention of usage of the compressive stockings in question on the provided progress note. No rationale for usage of the device in question was provided. Therefore, the request is not medically necessary.