

<b>Case Number:</b>	CM14-0102502		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/12/2005
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Family Medicine, and is licensed to practice 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 injured worker is a 55 year old male who sustained injuries to his bilateral hips, low back, bilateral knees, and left lower extremity on 07/12/05. MRI of the lumbar spine dated 04/01/13 revealed left L4-5 neural foraminal compromise of the exiting L4 nerve root. Following the left total hip surgery, the left lower extremity became almost two inches longer than the right, causing effect on his gait. Now, he had a lift on his right shoe. Physical examination noted antalgic gait; tenderness of the lumbar paraspinal muscles of the low back; decreased range of motion; tenderness of the upper gluteal musculature on the left sciatic notch; in the lower extremities, deep tendon reflexes 2+/2 in bilateral knees; straight leg raise equivocal on left side; pain in the left hip with internal/external rotation. The injured worker was diagnosed with status post left hip replacement with subsequent leg length discrepancy, causing for the left lower extremity to become longer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase 1 Pair of Men's Sandals:** 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 Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment

**Decision rationale:** The request for Purchase One Pair of Men's Sandals is not medically necessary. Previous request was denied on the basis that after careful review of the submitted information, the requested treatment plan was not recommended as medically necessary. Clinical information submitted was not sufficient to complete the review. The provider was asked to submit additional information in order to determine medical necessity of the requested durable medical equipment. The requested information had not been received and decisions were due; therefore was deemed not medically necessary due to lack of information. The Official Disability Guidelines state that DME is recommended generally if there is medical necessity and if the device or system meets Medicare definition of DME. The term durable medical equipment is defined as equipment which can withstand repeated use (i.e., can normally be rented and used by successive patients), as primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in the home. There was no rationale provided as to how purchase of one pair of sandals would serve a medical purpose. Given this, the request for purchase of one pair of men's sandals is not indicated as medically necessary.