MAXIMUS Federal Services

Case Number:	CM14-0107320		
Date Assigned:	09/16/2014	Date of Injury:	03/14/2001
Decision Date:	10/17/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/10/2014

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 General Surgery and is licensed to practice in Texas. 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 60-year-old who was reportedly injured on 03/14/2001 when a metal valve fell over him. The current diagnoses are lumbosacral neuritis and unspecified mononeuritis. Last progress note dated 06/05/2014, the injured worker presented with neuropathic foot pain graded 7-8/10, 2-3/10 and 9-10/10 on visual analog scale (average, with medications and without medications, respectively). The injured worker was prescribed with a pair of Nikken magnet shoes and one to two tablets of oxycodone 30mg every four hours. A request was made for 1 pair of [redacted] magnetic shoe inserts and was not certified on 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pair of [redacted] Magnetic Shoe Inserts: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG- Treatment for Workers' Compensation, online edition, chapter Ankle and Foot, Shoes

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Insert Insoles with Magnetic Foil

Decision rationale: This is a 60 year old injured worker with chronic neuropathic foot pain. The claimant has had multiple interventions to address this complaint despite which he continues with pain. The request is for magnetic insoles. ODG and Cochrane reviews do not support the use of magnetic insoles as there is no objective evidence to support its efficacy. Therefore the request for 1 Pair of [redacted] Magnetic Shoe Inserts is not medically necessary.