

<b>Case Number:</b>	CM14-0109576		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/24/2009
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 licensed in Podiatry and is licensed to practice in New York. 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 female, who was injured on June 24, 2009, while performing regular work duties. On June 17, 2013, the injured worker underwent foot reconstructive surgery. An evaluation on February 7, 2014, indicates that following the surgery plantar fasciitis developed, and the injured worker was given heel cups and a cortisone injection. An evaluation on March 21, 2014, indicates the development of contracture of the interphalangeal joint of the right great toe, despite undergoing physical therapy. The injured worker had returned to full duty work, until development of the plantar fasciitis, and is now on modified duty until she has the appropriate foot wear. The request is for one pair of custom orthotics, 2 pairs of extra depth shoes. The primary diagnosis is other acquired deformities of toe. On July 8, 2014, Utilization review provided a modified certification of one pair of extra depth shoes, and one pair of custom orthotics. The decision was based on ACOEM and ODG guidelines. The ACOEM guidelines suggest that rigid orthotics may reduce pain while walking. The ODG guidelines indicate that stretching exercises and heel pads have better outcomes than custom orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 pairs of extra depth shoes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG ( Official Disability Guidelines)

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

**Decision rationale:** After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for two pairs of extra depth shoes is not medically reasonable or necessary according to the guidelines. The guidelines advise that soft shoes and wide shoes (which are similar to extra depth shoes) are recommended for plantar fasciitis and hallux valgus. This patient does have a diagnosis of plantar fasciitis status post their foot surgery. They also have a diagnosis of a contracted IPJ, which is a contracture of the great toe. This type of contracture is very similar to a hallux valgus contracture and from a medical perspective would benefit from an extra depth wide shoe. While the injured worker would benefit from one pair of extra depth shoes however, the requested two pairs of shoes is excessive. Therefore, the requested two pair of shoes is not medically necessary.