

Case Number:	CM14-0011595		
Date Assigned:	02/21/2014	Date of Injury:	07/02/2009
Decision Date:	07/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/29/2014

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 Occupational 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 57-year-old male who has submitted a claim for plantar fasciitis, tendinosis, plantar fibromatosis of the feet and pes plano valgus associated with an industrial injury date of 07/02/2009. Medical records from 10/10/2013 to 02/08/2014 were reviewed and showed that patient complained of bilateral ankle pain graded 7/10 with no radiation. Physical examination revealed antalgic gait favoring the left lower extremity, significant pes plano valgus and valgus deformities of both ankles. DTRs were 1+ in the Achilles bilaterally. There was weakness testing, EHL, and inversion of the feet bilaterally. Weakness of dorsiflexion was noted while plantar flexion strength was intact. Sensation was grossly intact and symmetric in the lower extremities. Treatment to date has included functional AFO braces, orthopaedic shoe gear, Vicodin and Celebrex. Utilization review, dated 01/17/2014, denied the request purchase of black and brown pair of Oxford style shoes because there was no indication that the claimant's regular shoes have worn-out; therefore, the purchase is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OXFORD STYLE SHOES - BLACK AND BROWN PAIR: 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, Durable Medical Equipment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Knee Chapter was used instead. A Durable Medical Equipment (DME) is recommended generally if there is a medical need and if the device meets the Medicare's definition of DME as: can withstand repeated use, is 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 a patient's home. In this case, the patient has been using AFO since 10/29/2013. It has been stated on the medical records (10/29/2013) that any mode of treatment short of a surgical intervention will be unable to achieve satisfactory long-term outcome. Furthermore, the requested type of shoes do not fit in the criteria for DME because these shoes are not customarily used to serve a medical purpose or is not useful to a person in the absence of injury. Therefore, the request for PURCHASE OXFORD STYLE SHOES - BLACK AND BROWN PAIR is not medically necessary.