

<b>Case Number:</b>	CM14-0016045		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/02/2008
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 63-year-old female who was injured on December 2, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 6, 2014, indicates there are ongoing complaints of left ankle and foot pain. The injured employee was stated to be wearing an orthosis at this time. The physical examination demonstrated no motion at the previous left ankle fusion site. There was mild tenderness in the hind foot joints. It was stated that the injured employee's condition was permanent and stationary. Diagnoses included status post left ankle fusion any quietness and status post left pylon fracture with external fixture in place. There was a recommendation for continued weight-bearing to tolerance and follow-up x-rays in six months' time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOTIC SHOES-PURCHASE- HIGH TOP SHOE.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, and Cigna's guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The most recent medical record for review on March 6, 2014 states that the injured employee was following up for a successful ankle fusion. There was no additional information supplied on this date to justify usage of an orthotic high-top shoe. Specifically there was no mention of any instability noted. According to the Official Disability Guidelines both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome). The injured employee has not been diagnosed with any of these conditions. Therefore for these multiple reasons this request for an orthotic high-top shoe is not medically necessary.