

<b>Case Number:</b>	CM14-0017298		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	02/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 & Rehabilitation 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 injured worker is a 57-year-old male who reported injury on 06/25/2010. The mechanism of injury was not provided. The diagnosis was metatarsalgia of the left foot. Documentation of 09/23/2013 revealed the injured worker had symptoms of left foot pain on weightbearing status. The injured worker had metatarsalgia pain to the forefoot of the left foot. The physical examination revealed the injured worker had pain to palpation of the forefoot as a whole. The injured worker continued to show symptoms of the left foot without significant changes. The injured worker had pain in the 2nd, 3rd, and 4th metatarsals. The injured worker had pain with squatting, crouching, toe walking, and toe standing which had not improved. The injured worker had continuation of nerve pain laterally on the foot. The injured worker demonstrated pain along the peroneal tendon due to lateral ambulation. The diagnosis included metatarsalgia of the left foot. The documentation of 01/15/2014 revealed there was a request for orthopedic shoes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PAIR OF ORTHOPEDIC SHOES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371, 372, 376.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Shoes.

**Decision rationale:** The Official Disability Guidelines recommend footwear for patients with knee osteoarthritis and recommend thin soled flat walking shoes. There was a lack of documentation indicating a rationale for the need of 1 pair of orthopedic shoes. There was a lack of legible documentation indicating the injured worker had a necessity for orthopedic shoes. Given the above, the request for 1 pair of orthopedic shoes is not medically necessary and appropriate.