MAXIMUS Federal Services

Case Number:	CM14-0116632		
Date Assigned:	08/04/2014	Date of Injury:	05/20/1980
Decision Date:	09/10/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/25/2014

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 Family Practice, 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:

56 yr. old male claimant sustained a work related injury on 5/20/80 involving the low back. An MRI in May 2014. Noted he had degeneration of the lumbar spine with severe stenosis and multilevel facet arthropathy. He also had diabetes from which he had a left foot diabetic ulcer. A progress note on 7/9/14 indicated the claimant had a resolved ulcer, but weak legs and muscle wasting. Due to his weakness and risk of falling, the physician had previously ordered a motorized wheelchair. His wife had provided him assistance with daily activities. That month a request had also been made for custom shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 custom shoes: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot (Acute & Chronic), Diabetes (Type 1, 2, and Gestational).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes and foot wear.

Decision rationale: The ACOEM and MTUS guidelines do not provide guidelines for custom shoes. According to the ODG guidelines, those with diabetes and neuropathy or history of diabetic ulcers require diabetic shoes. Custom-made footwear is recommended patients who are at risk for diabetic foot ulcers. Interventions aimed to increase adherence should primarily target the home, through the prescription of special off-loading footwear for indoors. The request for custom shoes are medically necessary.