

Case Number:	CM14-0122610		
Date Assigned:	09/16/2014	Date of Injury:	07/02/2009
Decision Date:	11/06/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/04/2014

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 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 57-year-old male who reported an injury on 07/02/2009. The mechanism of injury was the injured worker was seated in his cubicle working on his computer when one of his team members summoned him. The injured worker's left shoe went under the cabinet, got stuck, and as the injured worker turned to right to exit his chair, his knee stayed straight, pulling it out of the socket. The prior treatments included Richie braces and a cane. The injured worker had arthroscopic surgery and conservative care. The injured worker had a MRI of the left knee, x-rays of the left knee, physical therapy, acupuncture, aquatic therapy, and AFO braces. Documentation revealed multiple requests for shoes and Richie braces. The documentation of 07/01/2014 revealed the injured worker's medications included acetaminophen/hydrocodone by tartrate 325/10 mg tablets, alprazolam 0.25 mg tablets, Ambien 10 mg tablets, Carvedilol 25 mg tablets, Celebrex 200 mg capsules, Doxazosin Mesylate 1 mg tablets, fluticasone propionate 50 mcg/inhalation spray, and hydrochlorothiazide (Losartan) 25/100 mg tablets, as well as Vicodin 300/5 mg tablets. The surgical history was noted to be unremarkable. The injured worker brought in 1 pair of Richie braces which had failed and they were sent back to the lab and felt to be irreparable. The injured worker was asking for replacements. Additionally, it was documented the injured worker suffered from severe pes planus and had residual problems including significant hallux valgus, bunion deformities, and persistent ingrown great to nails. The injured worker was utilizing a cane for crutch assistance. The injured worker was requesting a replacement. The physical examination revealed the injured worker had severe pes planus rear foot pathology and the right great toe nail was sore and ingrowing, and was non-infected to the medial nail border. The diagnosis included tendinitis, pes planovalgus, plantar fasciitis, and deep vein thrombosis. The treatment plan included avulsion of the ingrown toenail, replacement Richie style AFO braces, a pair of extra depth shoes to accommodate the braces, and a request

for replacement cane. There was a Request for Authorization submitted for review on 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extra-Depth ShoesQuantity: Two Pairs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The American College of Occupational and Environmental Medicine indicate rigid orthotics, which are full shoe length inserts made to realign the foot and from the foot the leg, may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The clinical documentation submitted for review indicated the injured worker had been utilizing shoes. There was a lack of documentation indicating the injured worker could not continue to utilize the prior shoes. Given the above, the request for Extra-Depth Shoes Quantity Two Pairs is not medically necessary.

CaneQuantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking Aids

Decision rationale: The Official Disability Guidelines indicate that walking aids are appropriate for disability pain and age related impairments. The clinical documentation submitted for review indicated the injured worker had a cane. There was a lack of documentation indicating the injured worker's cane was nonfunctional. Given the above the request for Cane Quantity 1 is not medically necessary.