

<b>Case Number:</b>	CM14-0133021		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/17/1998
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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, has a subspecialty in Interventional Spine 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 74-year old female with date of injury of 09/17/1998. The listed diagnoses per [REDACTED] from 06/19/4 2014 are: 1. Cervical posterior disc osteophyte complex at C4 - 52. Left shoulder sprain/strain3. Right shoulder impingement4. Disc protrusions at L5 - S1, central disc protrusion at L4 - 5 per MRI 06/21/20095. Lumbar disc bulge L 3 - 4 per MRI 11/12/20106. Right hip, status post pinning date of surgery 11/07/19987. Right hip status post removal of cannulae did screws, date of surgery 04/08/20038. Right hip, status post total hip replacement surgery 10/26/20059. Left knee arthroscopic surgery, data surgery 11/23/200910. Right knee sprain/strain11. Left foot pain12.Kidney disease, stage III According to this report the patient complains of upper back, right shoulder, bilateral hips, and bilateral knee pain. She complains of tremors, numbness and tingling in both legs that radiates to her feet. The examination shows tenderness to palpation over the patella tendon, left greater than the right. The patient walks with an antalgic gait with the aid of a walker. Left knee reveals tenderness over the patella tendon. Left foot shows diffuse tenderness to palpation. The utilization review denied the request on 07/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) AFO brace for right leg between 6/19/2014 and 9/16/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Braces and Support (Ankle and Foot)

**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 orthosis (AFO) Recommended as an option for foot drop

**Decision rationale:** This patient presents with upper back, right shoulder, bilateral hips, and bilateral knee pain. The treater is requesting an AFO brace for the right leg. The MTUS and ACOEM guidelines do not address this request. However, ODG guidelines on ankle foot orthosis states that it is recommended as an option for foot drop and is also used during surgical or neurologic recovery. The 06/19/2014 report shows tenderness to palpation in the right knee over the patellar region, greater to the left than the right. The patient walks with an antalgic gait. However, there is no discussion about the patient's right foot. There is no foot drop and no neurologic problem. The treater does not explain why the patient would need an AFO brace. In this case, the patient does not meet the criteria required by ODG for an AFO brace. . One (1) AFO brace for right leg between 6/19/2014 and 9/16/2014 is not medically necessary.

**One (1) pair of orthopedic shoes between 6/19/2014 and 9/16/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Braces and Supports, Ankle and Foot (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Footwear, knee arthritis

**Decision rationale:** This patient presents with upper back, right shoulder, bilateral hips, and bilateral knee pain. The treater is requesting a pair of orthopedic shoes. The MTUS and ACOEM guidelines are silent with regards to this request. However, ODG guidelines on footwear states that it is recommended as an option for patients with knee osteoarthritis. ODG also states that specialized footwear can effectively reduce joint modes and subjects with knee osteoarthritis, compared with self-chosen shoes and control walking shoes. In this case, the patient does not present with osteoarthritis of the knee. One (1) pair of orthopedic shoes between 6/19/2014 and 9/16/2014 is not medically necessary.