

Case Number:	CM14-0136856		
Date Assigned:	09/05/2014	Date of Injury:	01/26/2011
Decision Date:	11/06/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine, has a subspecialty in Pulmonary Disease, 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 50-year-old male who reported an injury on 01/26/2011. The mechanism of injury was not provided. Diagnoses included lumbosacral radiculopathy and other mechanical complication of internal orthopedic device. Past treatments included medications and physical therapy. Pertinent diagnostic testing was not provided. Surgical history included a lumbar fusion, with removal of hardware on 09/24/2013. The clinical note dated 08/06/2014 indicated the injured worker complained of low back pain. The physical examination dated 06/18/2014 indicated spasm, tenderness, and guarding of the paravertebral musculature of the lumbar spine with decreased range of motion. Current medications were not provided. The treatment plan included DME orthopedic shoes. The rationale for the treatment plan was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Orthopedic Shoes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, The Knee Walking aids (canes, crutches, braces, orthoses, & walkers)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee, Shoes

Decision rationale: The request for DME Orthopedic shoes is not medically necessary. The Official Disability Guidelines indicate that special footwear is recommended as an option for knee osteoarthritis. The clinical documentation provided indicated the injured worker was status post removal of hardware from the lumbar spine, and complained of low back pain. There is a lack of clinical documentation to support the diagnosis of osteoarthritis of the knee, including subjective complaints and physical examination findings. Without this documentation, the request cannot be supported at this time. Therefore, the request for DME Orthopedic shoes is not medically necessary.