

Case Number:	CM14-0153410		
Date Assigned:	09/23/2014	Date of Injury:	01/10/2010
Decision Date:	10/27/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle and left lower extremity pain reportedly associated with an industrial injury of January 10, 2010. Thus far, the applicant has been treated with analgesic medications; reported diagnosis of plantar fasciitis; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 20, 2014, the claims administrator denied a request for a pair of motion-controlled shoes. The claims administrator suggested that the applicant was off of work and was no longer employed at [REDACTED], her former employer. In an August 6, 2014 progress note, the applicant reported persistent complaints of left foot pain, reportedly associated with plantar fasciitis of the same. The applicant exhibited an antalgic gait. It was stated that the applicant had worn out her previous motion-controlled shoe. A replacement shoe was therefore sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motion Control Shoes (pair) QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 14-3, page 370..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-3, page 370, "soft, supportive shoes" are recommended in the treatment of plantar fasciitis, the diagnosis reportedly present here. The motion-controlled shoes at issue do seemingly represent a pair of soft, supportive shoes which are likely optimal for plantar fasciitis, the diagnosis reportedly present here. The attending provider has posited that the applicant's earlier pair of shoes has worn out. Provision of a replacement set of shoes is therefore indicated. Accordingly, the request is medically necessary.