

Case Number:	CM14-0157167		
Date Assigned:	09/30/2014	Date of Injury:	10/05/2008
Decision Date:	10/28/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/25/2014

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 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:

There were 76 pages provided for this review. The application for independent medical review was signed on September 22, 2014. It was for one pair of extra depth shoes. The patient is a 33-year-old female injured in 2008. The shoes were non certified but the orthotic was approved. The patient had cartilage thickening of the right ankle for which he recommended a repeat series of hyaluronic acid injections and custom orthotics. There was normal strength in the ankle. The custom orthotics were medically appropriate. The use of the orthotics is a standalone therapy and does not require special shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of extra depth shoes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute& Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA in 42 CFR 414.202

Decision rationale: Durable Medical Equipment, as defined by the FDA in 42 CFR 414.202, is equipment which is furnished by a supplier or home health agency that: 1. Can withstand repeated use, 2. Is primarily and customarily used to serve a medical purpose, 3. Is generally not useful to the individual in the absence of an illness or injury, and is appropriate for use in the home. This device fails to meet the FDA definition of durable medical equipment, as it is not primarily used to serve a medical purpose. Shoes are pieces of clothing that all people wear, and can choose based on their personal preferences. The orthotic is the medical portion of this request. The request is not medically necessary and appropriate.