

<b>Case Number:</b>	CM14-0158897		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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:

**CLINICAL SUMMARY:** The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, leg, and foot pain reportedly associated with an industrial injury of March 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; work restrictions; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 17, 2014, the claims administrator denied a request for rocker bottom shoes. The claims administrator stated that the documentation was insufficient to support or substantiate the request. The applicant's attorney subsequently appealed. In a handwritten progress note dated September 2, 2014, the applicant reported ongoing complaints of back, knee, and leg pain. The note was somewhat difficult to follow. The applicant was given diagnoses of lumbar radiculopathy and lumbar facet syndrome. Work restrictions were endorsed. It was stated that the applicant needed a home health assistant to perform household chores several times a week. It did not appear that the applicant was working. In an August 19, 2014 progress note, the applicant reported 8/10 low back pain. The applicant stated that she was having difficulty performing mopping, washing, and other daily activities. The note was very difficult to follow. Work restrictions were seemingly endorsed, along with rocker bottom shoes. The presenting complaint, again, appeared to be chronic low back pain, although this was difficult to fully ascertain owing to the handwritten and sometime illegible documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rocker Bottom Shoes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Shoe Insoles and Shoe Lifts topic

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines and MTUS-adopted ACOEM Guidelines in Chapter 12 do not specifically address the topic of shoes for the applicant's chronic low back pain complaints. While the Third Edition ACOEM Guidelines Low Back Chapter does acknowledge that special shoes, shoe insoles, and/or shoe lifts can be recommended in applicants who have prolonged walking requirements and/or significant leg-length discrepancy of more than 2 cm, in this case, however, there was no mention of the applicant's having a job with prolonged standing and/or walking requirements. There was no mention of the applicant having a significant leg-length discrepancy present here. The handwritten documentation did not outline a clear rationale or basis for provision of the rocker bottom shoes. As noted by ACOEM, special shoes/shoe insoles/shoe lifts are not recommended for chronic low back pain in the absence of the aforementioned circumstances. Therefore, the request is not medically necessary.