

<b>Case Number:</b>	CM14-0165559		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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, has a subspecialty in Public Health and is licensed to practice in West Virginia & Ohio. 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:

This individual is a 56 year old male who sustained an industrially related injury on August 10, 2011 involving his right foot. He has ongoing complaints of foot pain (max of 6/10), ankle pain (8/10) and swelling. Most recent physical examination from the available medical record details tenderness of the right 1st through 5th metatarsal and tarso-metatarsal joints, as well as decreased distal sensation of the right foot. There is also mention of pain on movement through range of motion and instability of forefoot. This request is for shoe gear (orthotics) for control of foot motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME shoe gear:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 365-366. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Knee, Foot wear, knee arthritis

**Decision rationale:** ODG states, therapeutic footwear is "Recommended as an option for patients with knee osteoarthritis. Recommend thin-soled flat walking shoes (or even flip-flops or walking barefoot). Recommend lateral wedge insoles in mild OA but not advanced stages of OA. Specialized footwear can effectively reduce joint loads in subjects with knee osteoarthritis, compared with self-chosen shoes and control walking shoes. This study compared the effects of a specialized shoe designed to lower dynamic loads at the knee (referred to as the mobility shoe, a flexible, lightweight shoe engineered to incorporate the potential biomechanics advantages of barefoot walking). The mobility shoe does not contain lifts at the heel, which have been shown to increase knee loads, and its flexible sole is designed to mimic the flexible movement of a bare foot". ODG recommends thin soled flat shoes to decrease the load on a knee joint. Regarding footwear for the diabetic individual; The MTUS guidelines state that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis or metatarsalgia. Given this individuals ongoing diagnoses the use of shoe gear would seem to an appropriate means to off load the injured areas and increase function. As such, I am reversing the earlier decision and deem the request for DME shoe gear is medically necessary.