

<b>Case Number:</b>	CM14-0172240		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/20/2007
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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:

This is a 58-year-old female with a 11/20/07 date of injury. The mechanism of injury was reported as a slip and fall. According to a progress report dated 5/16/14, the patient complained of pain to her neck, low back, both shoulders, and bilateral knees at a constant level of 3/10 at rest. She also complained of pain in both heels at a constant pain level of 2/10. Repetitive weight-bearing activities increase her knee pain to a 6/10 and heel pain to a 4-5/10. The provider has requested 2 pairs of running shoes to accommodate her orthotics and stabilize her gait. Objective findings: moderate tenderness in the cervical and lumbar spines noted with moderate spasms, limited cervical and lumbar range of motion, tenderness in the medial and lateral joint lines of both knees, painful range of motion of both knees, no evidence of instability, moderate tenderness to the medial plantar aspect in the area of the origin of the plantar fasciitis. Diagnostic impression: status post partial rupture, right foot, with plantar fasciitis/fasciosis, internal derangement of both knees, cervical and lumbar spine strain/sprain with degenerative disc disease. Treatment to date: medication management, activity modification, cortisone injections, surgery. A UR decision dated 9/22/14 denied the request for 2 pairs of running shoes. The clinical information provided for review lacks documentation related to the patient's gait or instability. In addition, the running shoes cannot be rented, or used by successive patients and is not primarily used to serve a medical purpose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 pairs of running shoes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Durable Medical Equipment (DME)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter - Durable Medical Equipment

**Decision rationale:** CA MTUS does not address this issue. According to ODG, DME is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. However, in the present case, the provider has requested 2 pairs of running shoes to accommodate her orthotics and stabilize her gait. However, there is no documentation that the patient has an unstable gait. In addition, there is no documentation of the patient's activities of daily living that would require running shoes. There is no documentation that the running shoes requested are to serve a medical purpose. Therefore, the request for 2 pairs of running shoes was not medically necessary.