

<b>Case Number:</b>	CM14-0028937		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	11/29/2005
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 patient is a 62 year old female who was injured on 11/27/2005. The mechanism of injury is unknown. The patient's past medications included Neurontin, Fentanyl patch, and Prilosec. The patient underwent a bilateral L5 selective transforminal epidural injection of steroids on 01/24/2014. Progress report dated 01/15/2014 reports the patient complained of low back pain with numbness down the leg, right greater than left. She has had epidural injection which improved her pain by 50 to 70% but with short term relief. On exam, there is slight loss of normal lumbar lordosis secondary to muscle spasm. There is tenderness over the lower lumbar facet joints diffusely. Paraspinal tenderness and myofascial trigger points are present. Straight leg raise is positive bilaterally with pain down into the feet in a L5 distribution, left greater than right. Her strength was mildly weak with EHL (Extensor Hallucis Longus) strength on the symptomatic side. She had decreased sensation and deep tendon reflexes were slightly diminished with ankle jerk bilaterally. She has an antalgic gait with bilateral sciatica pain. She has been diagnosed with thoracic or lumbosacral neuritis or radiculitis and lumbosacral pain as well as foot pain. There is a request for bilateral L5 selective foraminal epidural steroid injections for her flare up of sciatica as this provided her with some relief of her symptoms. Progress report dated 12/30/2013 indicates the patient complained of right knee pain and stiffness and the pain increases with activity. Objective findings on exam revealed a normal gait. Right knee range of motion is from 0-130 degrees. There was no joint effusion. Diagnoses are right medial meniscus tear and left knee strain. The treatment and plan included daily exercises. Prior utilization review dated 02/13/2014 states the request for SAS/mephisto or other shoes to provide support is not approved as there is no guideline or scientific evidence to support the request

## IMR ISSUES, DECISIONS AND RATIONALES

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

**SAS/MEPHISTO OR OTHER SHOES TO PROVIDE SUPPORT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Shoe Insoles/Lifts, Knee, Footwear, Knee Arthritis.

**Decision rationale:** This is a request for SAS/Mephisto or other shoes to "provide support" for a 62-year-old female injured 11/27/05 with chronic back, knee pain and foot pain. MTUS guidelines do not specifically address the request. ODG guidelines recommend shoes insoles or lifts for leg length discrepancy or for those who stand for long periods. There are not recommended for prevention. Evidence is inclusive for treatment of back pain. Specific types of shoes are not recommended. ODG guidelines recommend thin-soled, flat walking shoes in general for knee osteoarthritis or lateral wedge insoles for mild, but not severe, knee osteoarthritis. However, there is no documented leg length discrepancy; the patient does not appear to stand for prolonged periods; and she has documented severe right knee patellofemoral arthritis. Further, neither SAS nor Mephisto shoes appear To Be Thin-Soled, Flat Walking Shoes. Therefore, The Request for SAS/Mephisto or other shoes to provide support is not medically necessary and appropriate.