MAXIMUS Federal Services

Case Number:	CM14-0030812		
Date Assigned:	06/20/2014	Date of Injury:	07/02/2009
Decision Date:	07/24/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/11/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 57 year old with an injury date on 7/2/09. Based on the 2/11/14 progress report provided by [redacted] the diagnoses are: 1. tendonitis2. pes plano valgus3. plantar fasciitis4. deep vein thrombosisExam on 2/11/14 showed bruising to medial lower leg, just superior to medial malleolus bilaterally. My initial thought was the AFO brace rubbing - he states that this is not the case, as he has not been wearing the brace. He finds that the feet simply continue to pronate out, creating significant knee pathology, hip, and lower back. Further neurovascular/musculoskeletal status unchanged. [redacted] is requesting black orthopedic shoes. The utilization review determination being challenged is dated 2/28/14 as sufficient documentation was not provided to show why regular shoes would not be efficacious. [redacted] is the requesting provider, and he provided treatment reports from 9/10/13 to 2/11/14 .

IMR ISSUES, DECISIONS AND RATIONALES

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

Black Orthopaedic shoes: Upheld

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

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

Decision rationale: This patient presents with bilateral foot pain. The treater has asked for black orthopedic shoes on 2/11/14. The 2/11/14 report states patient has severe pes plano vagus deformity/foot type and condition is worsening as AFO brace is overwhelmed, and surgical option (rear foot fusion) are limited by patient's BMI and age. Regarding durable medical equipment, ODG guidelines state: Recommended if prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations and if the device meets Medicare's definition of durable medical equipment (DME), 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; and (4) Is appropriate for use in a patient's home. In this case, patient has progressively worse foot condition, a foot brace has not proven effective, and surgical options are not available. However, it is not known what a pair or shoes are going to do for the patient's condition. Shoes are generally used even in the absence of an illness or injury therefore request for black orthopaedic shoes is not medically necessary.