

<b>Case Number:</b>	CM14-0034799		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 39 year old female whose date of injury is 09/07/2012. On this date she fell in a hole and twisted her ankle. Magnetic resonance imaging (MRI) of the left ankle dated 11/09/12 revealed a high grade sprain. A computerized tomography scan of the lower extremity dated 08/09/13 revealed degenerative subcortical cyst formation in the talus and a calcaneal spur. No other findings are identified to account for the clinical history of left foot and ankle pain. Follow up note dated 02/17/14 indicates that the left ankle shows tenderness with no swelling. Anterior drawer sign is negative. A note dated 03/07/14 documents localized tenderness to the area around the cuboid and the peroneal tendons to direct palpation. An agreed medical examination dated 05/13/14 indicates that diagnoses are left ankle sprain, MRI with subtalar degenerative changes and obesity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 rocker sole shoe for left med foot:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Ankle and Foot Chapter, Orthotic devices.

**Decision rationale:** Based on the clinical information provided, the request for 1 rocker sole shoe for left med foot is not recommended as medically necessary. The Official Disability Guidelines do not generally support rocker sole shoes noting that rocker profile shoes are commonly prescribed based on theoretical considerations with minimal scientific study and validation. Rocker profiles are used to afford pressure relief for the plantar surface of the foot, to limit the need for sagittal plane motion in the joints of the foot and to alter gait kinetics and kinematics in proximal joints. In this review, efficacy has not been demonstrated. The effectiveness of rocker-soled shoes in restricting sagittal plane motion in individual joints of the foot is unclear. Rocker profiles have minimal effect on the kinetics and kinematics of the more proximal joints of the lower limb, but more significant effects are seen at the ankle. There is no clear rationale provided to support the request given that the injured worker sustained an ankle sprain. Therefore the request is not medically necessary.