

Case Number:	CM14-0044882		
Date Assigned:	07/02/2014	Date of Injury:	10/13/2011
Decision Date:	08/07/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/11/2014

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 licensed in Podiatric surgery, and is licensed to practice in New York. 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:

According to the enclosed information this patient was seen by his podiatrist on 6/16/2014. Chief complaint includes recheck bilateral feet and callus care. It is noted that this patient is diabetic. Diagrams noted in the progress note demonstrate ulcerations below the first metatarsal head bilaterally. One ulceration is 1 cm and the other ulceration is 5 mm, each at a depth of 1 mm. No signs of infection noted. Other diagnoses include diabetic neuropathy and onychomycosis. Treatment plan included debridement of ulcerations and debridement of toenails. On 5/5/2014 patient was seen for ulcerations bilateral feet. Diagnoses include ulceration of heel, ulceration of toes, and diabetes without complications. Patient's ulcerations were treated this day and the physician recommended orthopedic shoes with a rigid last so that physical stress was reduced to the region on feet and will allow the ulcers to heal.

IMR ISSUES, DECISIONS AND RATIONALES

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

DM shoes: Overturned

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 Other Medical Treatment Guideline or Medical

Evidence: Medicare manual: Therapeutic Shoes for Individuals with Diabetes (MBPM, Chapter 15, Section 140).

Decision rationale: After careful review of the enclosed information and the pertinent medical guidelines for this case, it is my feeling that the decision for DM shoes is medically reasonable and necessary for this patient at this time. The MTUS guidelines are quiet on the use of diabetic shoes for patients with ulcerations. Medicare criteria, however, is very clear on the use of diabetic shoes for patients with diabetes. The criteria is noted below, but most notable is the bullet point that patients with current or previous foot ulcerations and current or previous pre-ulcerative calluses are qualified for diabetic shoes. It is well documented that this patient is currently suffering with ulcerations plantar bilateral feet as well as in the past has had pre-ulcerative calluses plantar aspect bilateral feet. My decision is that the issue listed above IS medically necessary.