

Case Number:	CM14-0047162		
Date Assigned:	07/02/2014	Date of Injury:	06/19/2005
Decision Date:	09/11/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/15/2014

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 Family Medicine, and is licensed to practice 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 45 year old male who sustained an industrial injury on 6/19/2005. He is diagnosed with cervical radiculitis, failed back surgery of lumbar spine, lumbar post laminectomy syndrome, lumbar radiculopathy, status post fusion of lumbar spine, depression, iatrogenic opioid dependency, chronic pain and failed epidurals. The patient is not working. UR dated 4/7/14 recommended to non-certify the request for purchase of bilateral orthopedic shoes. The patient is being followed by pain management, and most recent report is dated 4/21/14 at which time it is noted that the patient failed spinal cord stimulator (SCS) trial on 4/4/14. The patient is to continue with Oxycontin. On exam, the patient was in moderate distress. The patient's gait was slow and the patient utilized a walker. Examination revealed tenderness, spasm and significantly increased pain with flexion and extension. Examination also revealed decreased sensation, decreased range of motion and decreased strength on the left lower extremity at the L5-S1 dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of bilateral orthopedic 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 chapter, shoes, footwear, knee arthritis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines does not address orthopedic shoes. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Foot and Ankle, Orthotic devices, Knee Chapter, Shoes, Footwear, knee arthritis.

Decision rationale: The request for bilateral orthopedic shoes is not medically necessary. The CA MTUS guidelines do not address orthopedic shoes. ODG's knee and foot/ankle chapter address specialized shoes, and the patient does not meet the criteria for specialized orthopedic shoes. In this case, there is no evidence of knee OA, prolonged standing, leg discrepancy, or any other foot complaints such as plantar fasciitis to support the requested shoes. The request for bilateral orthopedic shoes is not supported and not medically necessary.