

Case Number:	CM14-0047296		
Date Assigned:	07/02/2014	Date of Injury:	10/11/2012
Decision Date:	08/21/2014	UR Denial Date:	04/02/2014
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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This 49-year-old female sustained an injury to her left foot on 10/11/2012 when a case of liquor fell onto her foot. A podiatric report of 3/18/2014 states the patient is still complaining of left foot pain in the dorsal mid-foot area of her left foot. Her work requires her to walk around quite a bit and do heavy lifting which aggravates her foot pain. A request is made for an Arizona brace which is a foot and ankle brace to stabilize the mid-foot and the ankle joint. The patient had an MRI scan of her left foot as well as an ultrasound examination of the left foot. The ultrasound was negative, the MRI scan showed mild anterior tibial and extensor hallucis longus tendinosis. In addition to the brace, orthopedic shoes are requested to decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic shoes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.mdguidelines.com/sprains-and-strains-ankle>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) foot and ankle , <orthotics Other Medical Treatment Guideline or Medical Evidence:Aetna clinical policy bulletin: Foot orthotics, Empire Blue Cross Blue Shield, clinical UM guideline, Medicare.

Decision rationale: The California-MTUS does not address the issue of orthopedic shoes. The ODG mentions shoes with respect to arthritis of the knee. It also mentions that the efficacy of rocker soled shoes has not been established. Aetna and Blue Cross Blue Shield in their clinical policy bulletins state that they do not cover orthopedic shoes, foot orthotics or other supportive devices except under the following conditions: that they are an integral part of the leg brace system, that the shoe covers a prosthetic foot, that a foot orthotic is prescribed as part of a rehabilitation plan for postsurgical or posttraumatic casting care, or that they are therapeutic shoes furnished to selected diabetic patients. Medicare part B does not cover orthopedic shoes unless there are medically necessary part of a doctor prescribed orthotic leg brace. Therefore based on the lack of evidence to support the use of orthopedic shoes, the medical necessity has not been established.