

<b>Case Number:</b>	CM14-0048273		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/14/2001
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Podiatry 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 51-year-old female who reported an injury on 02/14/2001. In the clinical notes dated 04/11/2014, the injured worker complained of right shoulder, right wrist, and left knee pain. Prior treatments included injections, pain medications, and psychological treatments. The injured worker's prescribed medications included Zofran, Celebrex, Flexeril, LidoPatches, OxyContin, DSS, Prevacid, Lyrica, Amoxicillin, and Repaglinide. The physical examination revealed a neck sprain/strain, tenderness to palpation with decreased range of motion to the right radial wrist and the left knee was annotated as 92 degrees to 93 degrees and not unstable. The diagnoses included bilateral knee derangement/osteoarthritis, status post bilateral total knee arthroscopy with chronic pain and numerous revisions to the left side, infection requiring chronic antibiotics, right foot derangement, medial plantar neuropathy/NP pain, gait abnormality, bilateral upper extremity rectosigmoid junction, bilateral shoulder rotator cuff syndrome/labral tear/tendinopathy, chronic low back pain, psychiatric pathology (depression/anxiety) with suicidal ideation, GI complaints with nausea/dyspepsia, opiate dependent second degree chronic pain syndrome, and dependent on assistive devices for mobility. The treatment plan included a custom ankle foot orthosis /orthotic for gait due to ongoing problems with the right foot. The request for authorization for 1 pair of orthopedic extra depth shoes between 04/04/2014 and 05/19/2014 was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One pair of orthopedic extra-depth shoes between 04/04/2014 and 05/19/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Connecticut Medical Assistance Program Clinical guideline <http://www.huskyhealthct.org/providers/provider-postings/policies-procedures/Orothepedic-Shoes-Clinical-Guidelines-ORTHOPEdic AND DIABETIC SHOES, Orthopedic shoes>.

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

**Decision rationale:** The Official Disability Guidelines (ODG) state that orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. 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. In the clinical notes provided for review there was a lack of documentation of the physical examination of the right foot to indicate loss of function. It is also indicated that the injured worker was dispensed a controlled ankle motion boot. Furthermore, the guidelines state that effectiveness of rocker profile shoes has not been demonstrated. Also, the physician indicated that the requested orthopedic extra depths shoes were being requested to accommodate the AFO that was recommended. However, verification of whether the injured worker has been approved for and received the ankle foot orthosis to support the necessity of the requested orthopedic extra depth shoes has not been provided. Therefore, the request for 1 pair of orthopedic extra depth shoes is not medically necessary.