

Case Number:	CM14-0060392		
Date Assigned:	07/09/2014	Date of Injury:	10/12/1993
Decision Date:	09/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/01/2014

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 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:

Patient is a 43 year old male with a date of injury on 10/12/1993. Diagnoses include thigh contusion, chronic regional pain syndrome, and neuropathic pain. Subjective complaints are of low back pain radiating to the legs, and left hip pain. Physical exam shows decreased lumbar range of motion, lumbar and SI joint tenderness, and positive left straight leg raise test. The left knee had full range of motion, and positive compression, crepitus, and apprehension tests were noted. Prior treatments include left hip aspiration, bilateral wrist brace, TheraCane, home exercise, and medications. Request is for a walking shoe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walking shoes (one pair) Left knee, Left hip, Spine, Left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot Chapter Orthotic devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ANKLE/FOOT, ORTHOTICS.

Decision rationale: The ODG recommends orthotic devices for plantar fasciitis and for foot pain in rheumatoid arthritis. The ODG also states that rocker profile shoes are commonly prescribed based on theoretical considerations with minimal scientific study and validation. For this patient, submitted documentation does not indicate the specific type of "walking shoe" that is being requested, or a guideline approved diagnosis for which an orthotic would be indicated. Therefore, the medical necessity for walking shoes is not established.