

<b>Case Number:</b>	CM14-0060643		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Physical Medicine and Rehabilitation 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 54-year-old male who reported an injury on 8/22/2013 due to an unknown mechanism. Diagnoses for the injured worker are ankle enthesopathy, tear/rupture of muscle, fascia, tendon of the foot, right medial meniscal tear, knee/leg sprain, back sprain and ankle sprain. Past treatments for the injured worker were therapeutic exercises, kinetic activity, electrical stimulation unattended, physical therapy, ankle brace and manual therapy. The injured worker had an MRI of the right knee which revealed complex tears of the body and posterior horn of the medial meniscus, mild tendinosis of the distal semi-membranous and mild patellar tendonitis. The injured worker has no reported surgeries noted. The injured worker had a physical examination on 4/17/2014 with complaints of right ankle pain and foot pain. It was recommended for the injured worker to have surgery on the right leg and the injured worker agreed. Physical examination revealed tenderness on the medial aspect of the medial knee. It was noted that the injured worker did not respond to conservative treatment despite the fact he had mild involvement of the peroneal brevis tendon laterally. The injured worker was dispensed custom functional foot orthotics on 03/6/2014, but the injured worker thought his shoes were too soft. It was noted that they were a good fit and function of custom foot orthoses. The running shoes were soft which allowed calcaneal eversion (i.e. collapse of the medial longitudinal arch). It was noted that the injured worker would benefit from more stable footwear. Medications for the injured worker were not reported. Treatment plan was for custom functional foot orthoses, physical therapy, and no barefoot walking. It was stated on physical examination date 04/17/2014 that the injured worker had agreed to have surgery. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Pair of Running 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 (ODG), Knee & Leg, Durable Medical Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical equipment.

**Decision rationale:** The injured worker was presented a pair of custom functional foot orthotics, but the injured worker felt that his shoes were too soft. The injured worker was seen a few weeks later with no noted report of the custom functional foot orthotics. It was not reported if the injured worker had any type of measureable gains, less pain. The Official Disability Guidelines states that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. To be considered durable medical equipment it must withstand repeated use, or it can normally be rented, and used by successive patients. The durable medical equipment should primarily and customarily be used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury and is appropriate for use in the patient's home. The request does not meet the defined criteria for durable medical equipment. It was not noted if the injured worker had any measureable gains or pain relief from the use of the custom orthotics. The injured worker had agreed to undergo surgery so the necessity of the requested shoes cannot be determined at this time. Therefore, the request is not medically necessary.