

<b>Case Number:</b>	CM14-0065612		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/12/2004
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Occupational Medicine, 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 s

### 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This patient is a 57 year old female employee with date of injury of 4/12/2004. A review of the medical records indicate that the patient is undergoing treatment for postlaminectomy syndrome, lumbar spine and myofascial pain syndrome, lumbar spine, and diabetes mellitus. Subjective complaints include lumbar spine pain (7/31/2013), numbness of feet (9/13/2013), pain at pubic bone radiating down both legs (pain level 7/10)(10/16/2013). Objective findings (9/3/2013) include swelling of bilateral feet and sharp pain on palpation, however the physician reported that the swelling is more likely a result of her back injury and/or inactivity and not diabetic neuropathy. Treatment has included Kadian 30mg 2/day, Lyrica 200mg 2/day, Celebrex 200mg 2/day for inflammation and were "very helpful" (9/4/2013) and Zanaflex 4mg 2-3/night for sleep (10/16/2013). On 1/23/2014, the patient reduced the Celebrex to once a day and added Omeprazole 20mg. The utilization review dated 4/8/2014 non-certified the request for Diabetic Shoes due to lack of demonstrated need.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diabetic Shoes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes Chapter, Foot problems.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 365-366. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Foot problemsx Other Medical Treatment Guideline or Medical Evidence: Medicare, Diabetes Supplies, Therapeutic Shoes or Inserts.

**Decision rationale:** MTUS silent regarding diabetic shoe. ACOEM does state that "Assessment of the neurologic and vascular status of the foot and ankle (including skin temperature, peripheral pulses, and the motor, reflex, and sensory status of the foot and ankle as well as the more proximal surrounding structures) is recommended." Official Disability Guidelines (ODG) states regarding diabetic foot problems, "Recommend screening and appropriate footwear. Custom-made footwear is recommended patients who are at risk for diabetic foot ulcers.