

Case Number:	CM14-0065877		
Date Assigned:	07/11/2014	Date of Injury:	03/16/2006
Decision Date:	09/09/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	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 Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 patient is a 65 year old male employee with date of injury of 3/16/2006. A review of the medical records indicates that the patient is undergoing treatment for left knee osteoarthritis, s/p arthroscopy, left knee with medial and lateral meniscectomies (1976); repetitive strain, right upper extremity with manifestations of cubital tunnel syndrome, history of traumatic dislocation, right elbow and s/p transposition of right ulnar nerve (6/14/2007). He is s/p knee surgery (2/25/2013). Subjective complaints include non-continuous pain and discomfort in the left knee (greatest over the anteromedial aspect which occurs during long or strenuous activity.)The patient indicates modest pain in the right knee occurring primarily with kneeling. He also experiences lumbar spine and left buttock pain and right trochanteric pain. The pain occurs with ambulation and intensifies with sitting activities. He notes continued weakness in the right hand and reports mild difficulties with coordination on the right but complains of weakness with grasp, pushing, pulling and lifting activities. Objective findings include: the left and right paralumbar areas are tender to direct palpation. Gait is normal, without limp. Total knee arthroplasty with patellar resurfacing. Standard alignment. No evidence of hardware complication (per x-ray 2013). There is an area of tenderness of the medial joint margin of the right knee and periarticular swelling is evident over the left knee. Tinel's sign is positive at the level of the right medial elbow. Sensory loss is present over the little and ring fingers of the right hand, grade IV. The volar/ulnar aspect of the right forearm is tender to direct palpation. There is a moderate-sized joint effusion and soft tissue swelling of the distal medial thigh. Treatment has included: physical therapy, Celebrex and Oxycodone. He has also had chondroprotective injections as well as Kenalog without improvement. The utilization review dated 5/7/2014 non-certified One (1) pair of Red Wing boots qty: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Red Wing Boots (Pair) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372; Table 14-6, page 376. Decision based on Non-MTUS Citation Official Disability Guidelines, certain types of footwear.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Foot wear, knee arthritis.

Decision rationale: ODG states, "Recommended as an option for patients with knee osteoarthritis. Recommend thin-soled flat walking shoes (or even flip-flops or walking barefoot). Recommend lateral wedge insoles in mild OA but not advanced stages of OA. Specialized footwear can effectively reduce joint loads in subjects with knee osteoarthritis, compared with self-chosen shoes and control walking shoes. This study compared the effects of a specialized shoe designed to lower dynamic loads at the knee (referred to as the mobility shoe, a flexible, lightweight shoe engineered to incorporate the potential biomechanic advantages of barefoot walking). The mobility shoe does not contain lifts at the heel, which have been shown to increase knee loads, and its flexible sole is designed to mimic the flexible movement of a bare foot". ODG recommends thin soled flat shoes to decrease the load on a knee joint. While the patient has had a knee replacement, flat shoes would reduce joint loads over shoes with thicker soles such as Red Wing boots. The boots would provide superior ankle support but the treating physician did not document a need for ankle support. The treating physician has not provided medical documentation to support the request for Red Wing boots. As such, the request for Red Wing boots (pair) qty: 1.00 is not medically necessary.