

Case Number:	CM14-0070274		
Date Assigned:	07/14/2014	Date of Injury:	05/02/1997
Decision Date:	10/15/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 5/2/1997. A review of the medical records indicate that the patient is undergoing treatment for lumbar IVD displacement without myelopathy, low back pain, paralumbar muscle spasms, neck pain. Subjective complaints include neck and back pain. Two epidural shots in low back (date unknown) have helped with extreme pain (11/11/2013). Objective findings include lumbar spasms with spasms. Adjustment to the low back has helped control the pain; stiffness in neck with pain and headaches. Physician noted (2/27/2014) that "Brooks and NB shoes have provided optimal support and pain relief." Treatment has included medications including Celebrex, Aspirin, and Altace. The utilization review dated 4/14/2014 non-certified the request for 2 pair of shoes purchase biannually.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 pair of shoes purchase biannually: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Knee, Foot wear, knee arthritis

Decision rationale: MTUS is silent regarding footwear, so other guidelines were utilized. ODG Ankle/Foot chapter refers to Knee chapter for Shoes and footwear, "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. Physician notes right ankle pain extending to the rearfoot including plantar fasciitis; successful long term management with shoe and orthotic; Brooks and NB shoes have provided optimal support and pain relief. The physician recommended biannual motion control running shoes as the prescription. However, there is no mention that the patient is suffering from osteoarthritis, which is outlined in ODG. As such, the request for the purchase of 2 pairs of shoes biannually is not medically necessary.