

Case Number:	CM14-0077638		
Date Assigned:	07/18/2014	Date of Injury:	07/09/2012
Decision Date:	12/04/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/27/2014

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 41 y/o male who developed chronic right ankle and foot pain subsequent to an injury dated 7/09/12. On the injury date he severely sprained his right lower extremity. He subsequently had arthroscopic surgery and has developed a stage II-III CRPS syndrome with severe allodynia, discoloration, temperature dysregulation and neuropathic pain. He has been trialed with various oral analgesics with minimal benefit. He had a foot specialty consultation that recommended a careful reintroduction of weight bearing with the use of a cam walker boot. He has been avoiding any weight bearing via use of crutches and his symptoms have been worsening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom shoe for right ankle/foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, and Knee Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS Page(s): 40.

Decision rationale: MTUS Guidelines devotes a significant section to the treatment of CRPS syndrome. One of the tenets of treatment is continued use of the painful extremity even if it is initially painful to use it. Complete rest or inactivity only worsens the condition allowing the nervous system to strengthen its aberrant activity without any opposing activity. The Foot Specialist recommended the use of a cam walking boot as part of his rehabilitation and did not recommend a customized shoe at this time. It is understood that any pressure increases the pain, but the specialist recommendation was for an open cam boot and not a custom shoe. If this patient starts to bear weight and ambulate, a custom loose fitting shoe may be appropriate in the future, but at this point in time the specialist recommends a cam walker to encourage weight bearing activity which is consistent with Guidelines. If this patient needs a cover over his foot a loose fitting slipper type of shoe would seem more appropriate vs. a custom shoe. Once this patient starts to ambulate consistently a custom shoe may be reasonable, but at this point in time, the customized right shoe is not medically necessary.