

Case Number:	CM14-0082602		
Date Assigned:	07/21/2014	Date of Injury:	02/11/2010
Decision Date:	09/17/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/04/2014

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 Preventive 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:

According to the records made available for review, this is a 56-year-old male with a 2/11/10 date of injury. Current diagnosis include status post lumbar laminectomy and discectomy right L4-5 3/25/97; status post revision with bilateral facetectomies, foraminotomies, right sided discectomy L4-5 and L5-S1, and left sided decompression 6/29/10; status post left knee arthroscopy 6/6/11; and status post left knee meniscectomy 3/2/12. At the time (5/29/14) of request for authorization for work boots purchase, there is documentation of subjective findings of increased low back pain with radiation into the left buttock, groin, and anterolateral thigh, calf, and into the foot. The objective findings are antalgic gait favoring the left lower extremity, 4/5 muscle strength left hip flexion. The current diagnoses include low back pain, lumbar radiculopathy, status post lumbar laminectomy x 2, left lower extremity weakness, and lumbar spondylosis. Treatment to date is medications and activity modification. There is no documentation of a condition/diagnosis, with supportive subjective/objective findings, for which a special shoe would be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Boots purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines: Foot and Ankle chapter.

MAXIMUS 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, Orthotic devices.

Decision rationale: The MTUS reference to ACOEM Guidelines supports a splint or surgical shoe if needed for forefoot sprain; wide shoes for neuroma; soft, wide shoes for hallux valgus; soft, supportive shoes for plantar fasciitis; and air sole shoes for heel spur. Official Disability Guidelines (ODG) identifies documentation of plantar fasciitis or foot pain in rheumatoid arthritis, as criteria necessary to support the medical necessity of orthotic devices. Within the medical information available for review, there is documentation of diagnoses of back pain, lumbar radiculopathy, status post lumbar laminectomy x 2, left lower extremity weakness, and lumbar spondylosis. However, there is no documentation of a condition/diagnosis, with supportive subjective/objective findings, for which a special shoe would be indicated. Therefore, based on guidelines and a review of the evidence, the request for work boots purchase is not medically necessary.