

Case Number:	CM13-0042447		
Date Assigned:	12/27/2013	Date of Injury:	12/15/2010
Decision Date:	04/21/2015	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/17/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Podiatrist

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 injured worker is a 61 year old male who sustained an industrial injury on 12/15/2010. Recently he reported increased back and leg pain with numbness and tingling. The injured worker has been diagnosed with, and/or impressions were noted to include, lumbar sprain/strain; status-post lumbosacral fusion and revision decompression (10/1/2012); post-operative right; sided ulnar neuritis; improved; and electrodiagnostic; positive neuropathy. Treatments to date have included consultations; x-rays lumbar spine (8/19/13); magnetic resonance imaging studies; electrodiagnostic studies; bone stimulator; medical marijuana; home exercise program; and medication management. Recent history notes objective findings to this injured worker having decreased flexion and extension, an electrodiagnostic-positive neuropathy, difficulties with his feet, and that he did not have comfortable shoes; therefore orthopedic shoes with Velcro closures were recommended to help treat his neuropathy, as well as help him ambulate and increase his functional capacity as he was having trouble bending to tie his shoes. The injured worker was noted to have been classified as temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: ORTHOPEDIC SHOES WITH VELCRO CLOSURES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: According to the enclosed information and the pertinent MTUS guidelines for this case, it is my feeling that the recommended orthopedic shoes with Velcro closure are not medically reasonable or necessary for this patient at this time. It is well-established in the MTUS guidelines that orthopedic shoes may be utilized for the treatment of hallux valgus, metatarsalgia, plantar fasciitis, and neuroma. There is nothing in the guidelines that advises that orthopedic shoes with a Velcro closure could be used as a treatment for patients with generalized painful feet. It is also noted that this patient has electrode diagnostic confirmation of neuropathy, but this too is not a diagnosis that would necessitate orthopedic shoes with a Velcro closure. Although the orthopedic surgeon writes a compelling letter stating that this will help his patient ambulate better, there is no definitive evidence or documentation as to why this would be the case. For these reasons the orthopedic shoes with Velcro closer cannot be recommended at this time.