

Case Number:	CM14-0132976		
Date Assigned:	08/22/2014	Date of Injury:	12/14/2007
Decision Date:	05/04/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/19/2014

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. 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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 50-year-old who has filed a claim for chronic low back, ankle, and foot pain reportedly associated with an industrial injury of December 14, 2007. In a Utilization Review report dated July 15, 2014, the claims administrator failed to approve a request for a pair of orthopedic shoes. The claims administrator referenced an RFA form received on July 9, 2014 in its determination, along with progress notes of June 24, 2014 and April 22, 2014. The applicant's attorney subsequently appealed. In said June 24, 2014 progress note, the applicant reported ongoing complaints of low back radiating to the left leg. Ancillary complaints of hypertension and psychological distress were also evident. The applicant had developed erectile dysfunction, it was further noted. 8/10 pain complaints were noted. The applicant was using OxyContin, naproxen, Norco, Viagra, Lidoderm, Cymbalta, senna, Neurontin, Klonopin, Prevacid, Lunesta, Colace, and Soma, it was acknowledged. The applicant's primary pain generator was the low back. The attending provider stated that the applicant did, however, have issues with left foot and heel pain. The attending provider stated that the applicant's current shoes were falling apart and not providing adequate support. Multiple medications were refilled. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. The applicant was, moreover, using a cane to move about, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) purchase of a pair of orthopedic shoes: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Shoes.

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

Decision rationale: Yes, the request for a pair of orthopedic shoes was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370, soft, supportive shoes are "recommended" as options in the treatment of plantar fasciitis, as was present here. The applicant did present on June 24, 2014 reporting ongoing issues with foot and heel pain which were highly suggestive of plantar fasciitis. The attending provider stated that the applicant's current shoes were falling apart and were not providing the applicant with adequate support. Therefore, the request was medically necessary.