

<b>Case Number:</b>	CM14-0165711		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old female who reported an injury on 11/30/2009 while walking to her car. The clinical note dated 09/26/2014 revealed the patient complains of pain to the shoulder, knee, back, and ankle. Examination of the lumbar spine revealed bilateral spasm at the latissimus dorsi. The injured worker was extremely stiff and can rotate bilaterally to 15 degrees. She must turn side to side to see anything further than 10 degrees rotation. Weakness bilaterally in the abductor hallucis longus and foot flexors. She is able to ambulate but not unable to stand on her toes. The diagnosis were right knee internal disruption, left knee internal disruption, right shoulder internal disruption, lumbar spine pain, and morbid obesity. Her medications included Norco, Soma, Ambien, and Celebrex. The treatment plan included an orthopedic sandal to improve her knee and low back stress. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Sandal:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 Revision, Eb Edition

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Footwear, knee arthritis.

**Decision rationale:** The request for an orthopedic sandal is not medically necessary. Official Disability Guidelines recommend footwear as an option for injured workers for knee osteoarthritis. Specialized footwear can effectively reduce joint loads in injured workers with knee osteoarthritis compared to self chosen shoes and control walking shoes. She does not have a diagnosis congruent with the guideline recommendations for an orthopedic sandal. As such, medical necessity has not been established.