

Case Number:	CM14-0194465		
Date Assigned:	12/02/2014	Date of Injury:	09/25/2002
Decision Date:	01/20/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/20/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for reflex sympathetic dystrophy of the lower limbs reportedly associated with an industrial injury of September 25, 2002. In a Utilization Review Report dated October 23, 2014, the claims administrator denied a request for a pair of support shoes. The claims administrator invoked the ODG Guidelines in its denial. The claims administrator stated that its decision was based on an October 2, 2014 progress note. Somewhat interestingly, the claims administrator later approved the support shoes on a subsequent UR report dated November 21, 2014. In a progress note dated November 20, 2014, the applicant reported ongoing complaints of ankle pain. It was stated that the applicant needed support shoes because left ankle, ankle foot orthosis which the applicant was wearing following the left ankle fusion surgery was resulting in premature wearing of his shoes. The applicant reportedly had drug testing which was positive for both opioids and marijuana. However, the applicant denied using marijuana. The applicant had a history of multiple prior left ankle surgeries, including ankle fusion surgery in 2003. The applicant also completed a functional restoration program and had undergone right shoulder surgery in August 2012, it was further noted. Lower extremity strength ranging from 4 to 5/5 was appreciated. The applicant stated that his ankle foot brace/ankle foot orthosis and left shoe were wearing out and needed to be replaced. The applicant's medications included Lidoderm patches, Diclofenac cream, Naprosyn, and Norco. The applicant was placed off of work, on total temporary disability. The attending provider stated that he would perform confirmatory testing on the applicant's drug specimen in regards to the reported positive test for marijuana. In an earlier note dated October 30, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of foot and ankle pain. The applicant was reportedly drinking "50 cups per day" of coffee; it was stated in one section of the note. The

applicant's shoe and ankle foot orthosis were reportedly wearing out and needed to be replaced, the requesting provider posited. Medications and replacement pair of shoes were sought, while the applicant was placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of new [REDACTED] brand support shoes: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & leg (Acute & Chronic)

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-3, page 370, "soft, white shoes" are endorsed in applicants with neuroma and/or hallux valgus, the diagnosis essentially analogous to the reflex sympathetic dystrophy reportedly present here. ACOEM Chapter 14, Table 14-3, page 370 further recommends rigid orthotics and soft, supportive shoes in applicants with plantar fasciitis, again essentially analogous to the reflex sympathetic dystrophy reportedly present here. In this case, the attending provider has posited that the applicant's long-term usage of orthosis has resulted in premature wearing the applicant's shoes and that the applicant needs soft, wider, and supportive shoes to accommodate the ankle-foot orthosis. Such usage is compatible with the ACOEM Chapter 14, Table 14-3, page 370. Therefore, the request is medically necessary.