

Case Number:	CM14-0206597		
Date Assigned:	12/18/2014	Date of Injury:	09/20/2009
Decision Date:	02/11/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 37 year old female with an injury date of 09/20/09. Per physician's progress report dated 11/03/14, the patient complains of anterior and posterior tibial strain with the pain rated at 5/10. Physical examination reveals tenderness to palpation and swelling in the medial ankle, right greater than left. Most tenderness is localized on the posterior tibial tendon, to a lesser degree on the left. Muscle testing, as per progress report dated 09/10/14, reveals definite weakness in the inverter group, both dorsi and plantarflexed on the right side and to a lesser degree on the left. There is mild tenderness along plantar fascia, right side versus left. As per progress report dated 06/02/14, there is 10 degrees less plantar flexion on the right compared to the left along with discomfort in the posterior ankle on the right with sudden passive plantar flexion. Palpation to the deep posterior ankle also reveals discomfort on the right while palpation to the sesamoids on the right side are slightly more tender. Orthotics provide 20-30% relief in her symptoms, as per progress report dated 09/10/14. The patient is currently working, as per progress report dated 11/03/14. MRI, 09/13, as per progress report dated 06/02/14:- Ganglion cyst at the dorsal aspect of the lateral talar head and at the insertion of the peroneus longus tendon at the base of the first metatarsal- Posterior tibialis tenosynovitis- OS trigonum with talar bone marrow edema- Early bone cyst formation at the junction with the Talus, possible OS trigonum syndrome- Posterior cysts, possibly ganglion, along the plantar aspect of the base of the second metatarsal. Diagnosis, 11/03/14: Anterior and posterior tibial strain. The treating physician is requesting for SUPPORTIVE ATHLETIC SHOES QTY 1.00. The utilization review determination being challenged is dated 11/12/14. Treatment reports were provided from 06/02/14 - 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supportive Athletic Shoes Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot (updated 10/29/14)<http://www.ncbi.nlm.nih.gov/pubmed/8146761>

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

Decision rationale: The patient presents with anterior and posterior tibial strain with the pain rated at 5/10, as per progress report dated 11/03/14. The request is for SUPPORTIVE ATHLETIC SHOES QTY 1.00. Physical examination reveals tenderness to palpation and swelling in the medial ankle, right greater than left, as per the same progress report. The MTUS and ACOEM guidelines do not address this request. However, ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' and topic 'Footwear, knee arthritis', states, "Recommended as an option for patients with knee osteoarthritis. Recommend thin-soled flat walking shoes (or even flip-flops or walking barefoot). Recommend lateral wedge insoles in mild OA but not advanced stages of OA. Specialized footwear can effectively reduce joint loads in subjects with knee osteoarthritis, compared with self-chosen shoes and control walking shoes." Heel pads are recommended for plantar fasciitis, but there is no discussion regarding special type of shoes for ankle pain due to strains."The patient suffers from anterior and posterior tibial strain with the pain rated at 5/10. In progress report dated 09/10/14, the treating physician states that "there is reasonably good control of abnormal pronation with her athletic shoes and the orthotics on." In progress report dated 11/03/14, the treating physician states that the patient is not tying her shoes ideally. As a result, the shoes are not as supportive as they once were. The treating physician also states that "I showed her how to do the power lacing more proximally. We also loosened it more distally starting at two eyelets up from the distal eyelet so that it would give her wide forefoot more room..." In the same report, the treating physician states that "I would like her to get a new supportive shoe, perhaps this time wider, the New Balance 1040 or Ariel by Brooks." In this case, there is no guidelines support for special type of shoes for the kind of problem this patient is struggling with. There is some support for "thin-soled flat walking shoes" for knee osteoarthritis but not for ankle problems. This request IS NOT medically necessary.