

<b>Case Number:</b>	CM14-0208129		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/08/2004
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 65-year-old male with a date of injury of 04/08/2004. The medical file provided for review includes 1 progress report dated 11/13/2014. According to this report, the patient presents with persistent right lower extremity pain associated with increase in pain with walking and standing. The patient also notes increase in his left heel pain. The patient is currently taking medications for pain relief. The patient would like to pursue physical therapy which helps his pain. CT scan of the right leg from 06/30/2014 revealed 2-cm leg length discrepancy with right tibia 2 cm more than left side. The examination revealed antalgic gait noted on the right. Dysesthesia noted to light touch in the right lower extremity. There was swelling noted in the right lower extremity. Right ankle dorsiflexion is 10 degrees and plantarflexion is 5 degrees with discomfort noted. There is atrophy noted in the right leg musculature. The listed diagnoses are: 1. Right leg pain. 2. Neuropathic pain. 3. Leg length discrepancy. 4. Right ankle and foot pain. Treatment plan was for refill of medications, 12 physical therapy sessions, and Procure bilateral heel lift/cap silicone gel material to minimize bilateral heel pain. This is a request for 1 pair of New Balance shoes. The utilization review denied the request on 11/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Pair of New Balance Shoes: Upheld**

**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

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

**Decision rationale:** The current request is for 1 pair of New Balance shoes. The ACOEM and MTUS Guidelines do not specifically discuss footwear. The ODG Guidelines under the knee/leg chapter discusses footwear, knee arthritis. ODG states, "Recommended as an option for patients with knee arthritis. 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 arthritis, compared with self-chosen shoes and control-walking shoes." Although "footwear" is discussed by ODG Guidelines, there is no discussion of specific tennis shoes. Furthermore, there is no discussion that the injured worker has osteoarthritis of the knee for which specialized footwear may be indicated for. In addition, ODG Guidelines under its knee/leg chapter, discusses Durable Medical Equipment and states that for an equipment to be considered a medical treatment it needs to be used primarily and customary for medical purposes. It generally is not useful to a person in the absence of illness or injury. This requested is not medically necessary.