MAXIMUS Federal Services

Case Number:	CM14-0091181		
Date Assigned:	09/23/2014	Date of Injury:	04/30/2001
Decision Date:	04/07/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/16/2014

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 injured worker is a 51-year-old male, who sustained an industrial injury on 4/30/2001. The diagnoses have included multiple ulcers right foot due to vascular and nerve damage, neuropathy of posterior tibial nerve branches, streptococcal infection and pain right foot. Treatment to date has included wound care and medication. According to the Primary Treating Physician's Progress Report dated 5/16/2014, the injured worker complained of sharp pain in his right foot rated 10/10 with shooting pain up the back of the right leg. Physical exam revealed plantar ulcers with necrotic tissue. Wound treatment included debridement, alginate packing and a multilayer compression dressing. The request for authorization dated 5/19/2014 was for bilateral custom molded orthotics and bilateral custom molded shoes with rocker bottom soles. On 5/21/2014, Utilization Review (UR) non-certified a request for two pair of bilateral custom made shoes with rocker bottom soles. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Pair Bilateral Custom Molded Shoes with Rocker Bottom Soles: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: Guidelines recommend custom fabricated shoes to reduce pain experienced during walking and may reduce pain and disability for patients with plantar fasciitis and metatarsalgia. This patient suffers from plantar foot ulcers and neuropathy. There is no documentation that the patient is suffering from plantar fasciitis or metatarsalgia. Thus, the request for bilateral custom molded shoes is not medically necessary and appropriate.