

Case Number:	CM15-0008266		
Date Assigned:	01/26/2015	Date of Injury:	02/01/2013
Decision Date:	03/20/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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, Hawaii
 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:

This 36 year old male sustained an industrial injury on 2/1/13, with subsequent bilateral heel pain. The injured worker was diagnosed with bilateral calcaneal fractures. The injured worker underwent open reduction internal fixation of bilateral calcaneal fractures. Other treatment included medications, bilateral orthotics and physical therapy. In a PR-2 dated 12/9/14, the injured worker complained of pain in the bilateral feet, ankles and knees as well as pelvic and hip pain associated with numbness and tingling to bilateral feet and leg weakness. The injured worker rated the pain at 7-9/10 on the visual analog scale. Physical exam was remarkable for ambulation with normal gait and arm swing without use of assistive device and intact neurovascular and sensory exam throughout. The treatment plan included requesting authorization for replacement shoes to fit his orthotics and continuing activity as tolerated. On 12/19/14, Utilization Review noncertified a request for replacement shoes (one pair) bilateral feet noting lack of recent clinical exam findings that indicated an ongoing need for shoes or orthotics and citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement shoes (one pair) bilateral feet: 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 Chapter, Footwear, Knee Arthritis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, Footwear, knee arthritis

Decision rationale: The patient presents with ongoing discomfort in his bilateral feet/ankles as well as pain in his knees, hip and pelvis. The current request is for replacement shoes (one pair) bilateral feet. The treating physician requests on 12/9/14 (C27), replacement shoes to fit his orthotics. MTUS guidelines are silent on footwear. ODG states that footwear is 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. In this case, there is no discussion that the patient has osteoarthritis of the knee for which specialized footwear may be indicated. Without a diagnosis of osteoarthritis the current request is not medically necessary and therefore recommendation is for denial.