

Case Number:	CM15-0104981		
Date Assigned:	06/09/2015	Date of Injury:	02/16/2012
Decision Date:	07/16/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 32 year old male, who sustained an industrial injury on 02/16/2012. He has reported injury to the left ankle. The diagnoses have included left ankle sprain; status post left ankle surgery with Brostrom procedure with open reduction internal fixation for fracture; neuropathic pain in the left ankle; development of anxiety and panic attacks following his ankle injury; and left ankle dislocation with mild post-traumatic arthritis in the tibiotalar and subtalar joint. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Norco, Brintellix, Effexor XR, Xanax, Lyrica, and Colace. A progress note from the treating physician, dated 04/30/2015, documented a follow-up visit with the injured worker. The injured worker reported left ankle joint pain, swelling, and stiffness; he has received physical therapy several times; and he has had corticosteroid injection without improvement. Objective findings included swelling of the ankles; no deformity of the ankle; tenderness on palpation of the ankles; no instability of the ankles; tenderness was observed on ambulation in the ankles; ankle weakness was observed; gait and stance were normal; the ankles exhibited tissue injury; a well-healed scar on the medial sided left ankle as well as arthroscopic portals; range of motion of the left ankle reveals limitation of dorsiflexion by about twenty degrees compared to the opposite side; global tenderness at the tibiotalar and subtalar joint; and he has a tight Achilles tendon. The treatment plan has included the request for Rocker bottom shoe (left foot/ankle).

IMR ISSUES, DECISIONS AND RATIONALES

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

Rocker bottom shoe (left foot/ankle): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation AAOS Atlas of Orthoses and Assistive Devices John D. Hsu, John W. Michael, John R. Fisk, American Academy of Orthopaedic Surgeons Elsevier Health Sciences, 2008- pages 330-331.

Decision rationale: Rocker bottom shoe (left foot/ankle) is not medically necessary per the MTUS and a review of the literature on indications for this type of shoe. The AAOS Atlas of Orthoses and Assistive Devices textbook indicates that rocker sole shoes are indicated for enhancing propulsion, decreasing high plantar pressure, helping with balance and proprioception, hallux rigidus, and metatarsal head ulcers. The MTUS does not address rocker sole shoes but states that soft, wide shoes can be used for hallux valgus and plantar fasciitis. The documentation does not indicate a clear rationale for the rocker sole shoes therefore this request is not medically necessary.