

<b>Case Number:</b>	CM15-0011316		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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:

The injured worker is a 58-year-old male, who sustained an industrial injury on 3/18/2014. The diagnoses have included left great toe fracture, secondary neurogenic pain, and bilateral L4-5 radiculopathy. Treatment to date has included cortisone injection and pain medication. Currently, the IW complains of constant pain to left great toe. He reports pain with walking. Objective findings included tenderness to palpation of the great toe. Radiographic imaging dated 10/09/2014 showed increased bony callus, great toe. Decreased joint space/osteoarthritis distal left metatarsal joint. On 10/15/2014, Utilization Review non-certified a request for ½" rocker bottom soles. There were no guidelines cited in the UR and no peer review was submitted. On 1/20/2015, the injured worker submitted an application for IMR for review of ½" rocker bottom soles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1/2 inch Rocker Bottom Soles:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Foot and Ankle Chapter: Orthotic devices.

**Decision rationale:** The patient continues to suffer left great toe pain. The current request is for 1/2" rocker bottom soles. The attending physician in his 1/12/15 report states, the patient still needs 1/2" rocker bottom soles. The MTUS guidelines do not address rocker bottom soles. The ODG guidelines state, "Rocker profile shoes are commonly prescribed based on theoretical considerations with minimal scientific study and validation." The physician in this case has requested shoes with a rocker bottom custom sole for the purpose of reducing pressure under the ball of the foot and reducing motion in the toe joints. In this case, the patient was diagnosed with Hallux Rigidus that has failed to improve with physical therapy and cortisone injection. The current request has limited guideline support, but based on the complexity of the injury and the fact that there is decreased functional ability to walk due to the injury the request is medically necessary. The recommendation is for authorization.