

<b>Case Number:</b>	CM15-0142360		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	03/20/1996
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 78-year-old who has filed a claim for chronic foot, ankle, hand, and leg pain reportedly associated with an industrial injury of March 20, 1996. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for custom shoes with rocker bottom and metatarsal pads. The claims administrator stated that its decision to deny the custom shoes with rocker bottoms and metatarsal pads was based on causation grounds, noting that the "shoe is not a Work Comp issue and replacement of those is not Work Comp related so not indicated." The applicant's attorney appealed. In a letter dated July 22, 2015, the applicant's attorney took exception with the claims administrator's reportedly improperly serving an attorney in Tennessee who was apparently not the applicant's attorney. The claims administrator did, however, approved Lyrical and Tylenol with Codeine. An RFA form received on June 24, 2015 was referenced in the determination. On an April 23, 2015 progress note, the applicant was given diagnosis of peripheral neuropathy about the feet, hands, back, and legs reportedly attributed to a diabetic neuropathy. The attending provider stated that the applicant needed both a refill of Lyrica as well as diabetic peripheral neuropathy podiatry shoes. The applicant was given diagnosis of posterior tibialis muscle dysfunction, idiopathic peripheral neuropathy, plantar fasciitis, hypertensive heart failure, and chronic foot pain. In an order form, dated April 23, 2015, custom shoes with rocker bottoms and metatarsal pads were proposed. On May 4, 2015, the applicant's podiatrist suggested that the applicant needed extra depth shoes to allow usage of corrective orthotics. The applicant was described as having various foot issues including prominent bunions and calluses. The applicant also had some issues with limited

neuropathy present it was suggested. The claims administrator's medical evidence log suggested that the most recent on file was in fact dated May 4, 2015; thus, the June 24, 2015 RFA form which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Custom shoes with rocker bottom & metatarsal pad: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Orthopedic Devices.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Foot problems and Other Medical Treatment Guidelines ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Ankle and Foot Disorders, pg. 1317.

**Decision rationale:** Yes, the proposed custom shoes with rocker bottoms and metatarsal pads were medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 14, page 371 notes that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for applicants with plantar fasciitis and metatarsalgia, both of which were reportedly present here. The attending provider contended that the custom shoes were needed to accommodate the somewhat bulky orthotics. The Third Edition ACOEM Guidelines state that there is no recommendation for or against usage of any one type of footwear over another as long as being for the designed purpose. Here, again, the attending provider stated that the custom shoes were intended to accommodate the orthotics intended to ameliorate the applicant's issues with metatarsalgia and plantar fasciitis, both of which were present here. ODG's Diabetes Chapter Foot Problems topic also recommends screening and appropriate footwear, with custom-made footwear recommended for applicants who are at risk of developing diabetic foot ulcers. Here, the attending provider did state that the applicant had issues with diabetes-induced neuropathy. Provision of the custom shoes with associated rocker bottoms and metatarsal pads, thus, was indicated to ameliorate the applicant's various and sundry foot and ankle issues, including plantar fasciitis, metatarsalgia, and diabetic neuropathy. Therefore, the request was medically necessary.