

Case Number:	CM15-0164702		
Date Assigned:	09/02/2015	Date of Injury:	04/01/2008
Decision Date:	10/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 4-1-08. In a progress report dated 6-15-15, the physician notes the injured worker had returned to work in 2-2015. He recently reported increased pain and an electrodiagnostic study done 6-15-15 revealed a resolving right tarsal tunnel syndrome and a new right deep peroneal motor nerve injury at the ankle with 3+-4 acute denervation was noted, representing a new diagnosis of anterior tarsal tunnel syndrome which was not present on the previous pre-operative evaluation. He underwent a right anterior tarsal tunnel release on 7-10-15. The post-operative diagnoses are right foot anterior tarsal tunnel syndrome, painful and unresponsive to conservative therapy (electrodiagnostically positive). Previous treatment includes shockwave treatment-2008, physical therapy, endoscopic right plantar fasciotomy-2012, 2 injections prior to surgery, custom shoe orthotics- reported to have caused more pain, electrodiagnostic testing-2013 and 2014, MRI right ankle 3-2015, and right tarsal tunnel release 1-9-2015, and 7-10-15. Work status is to remain off work until 7-10-15 and is also noted as return to work 8-7-15. On 8-4-15, the physician recommended Kuru shoes as they are designed for plantar fasciitis and tarsal tunnel syndrome. The requested treatment is Kuru shoes-1 pair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kuru shoes-1 pair: Upheld

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

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

Decision rationale: The ACOEM chapter on foot and ankle complaints states: Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The patient does have plantar fasciitis but the request is not a rigid orthotic and therefore is not medically necessary.