

Case Number:	CM15-0168214		
Date Assigned:	09/11/2015	Date of Injury:	09/09/2006
Decision Date:	10/15/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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

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 65 year old male, who sustained an industrial injury on 3-18-2009. He reported developing bilateral upper extremity pain, numbness and tingling from repetitive activity and cumulative trauma. Diagnoses include right shoulder labral tear, rotator cuff partial tear, status post multiple right shoulder surgeries, anxiety, depression, gastroesophageal reflux disease and diabetes mellitus. He further has a history of cervical fusion, date unknown. Treatments to date include activity modification, anti-inflammatory, analgesic, physical therapy, acupuncture treatments, chiropractic therapy, and joint injections. Currently, he complained of no change in symptoms of acid reflux, diabetes mellitus, or hypertension, however, did report controlled diarrhea. The medical records indicated chronic pain in the cervical spine, right shoulder and low back. He underwent heart surgery for mitral valve replacement on 5-26-15. On 7-22-15, the physical examination documented A post-prandial blood glucose obtained was 80 mg-dL. The plan of care included a follow up with the primary treating physician. This appeal requested authorization for Accu-Check. The Utilization Review dated 8-7-15 denied this request indicating the documentation submitted did not support medical necessity per the ODG Diabetes Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 pairs of Orthotic rocker shoes: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Orthotic devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, under Footwear Knee Arthritis and Other Medical Treatment Guidelines www.en.wikipedia.org/wiki/Rocker_bottom_shoe.

Decision rationale: The patient was injured on 09/09/06 and presents with low back pain and right sciatica pain. The request is for 2 PAIRS OF ORTHOTIC ROCKER SHOES. The RFA is dated 08/07/15 and the patient is permanent and stationary. The ACOEM, MTUS and ODG does not specifically discuss motion control rocker shoes. According to www.en.wikipedia.org/wiki/Rocker_bottom_shoe, "A rocker sole shoe or rocker bottom shoe is a shoe which has a thicker-than-normal sole with rounded heel. Such shoes ensure the wearer does not have flat footing along the proximal-distal axis of the foot. The shoes are generically known by a variety of names including round bottom shoes, [1] round/ed sole shoes, [2] and toning shoes, [3] but also by various brand names. [4] [REDACTED] & [REDACTED] identified at least six standard variations of the rocker sole shoe and named them: toe-only rocker, rocker bar, mild rocker, heel-to-toe rocker, negative heel rocker and double rocker." ODG Guidelines, Knee and Leg Chapter, under Footwear Knee Arthritis Section states, "Recommended as an option for patients with knee arthritis. 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 arthritis, compared with self-chosen shoes and control-walking shoes." The patient has foot cramping/pain. He is diagnosed with post-traumatic stress disorder, motor vehicle traffic accident of unspecified nature injuries, injury to bronchus without open wound into cavity, and unspecified chest pain. The patient already has a pair of orthotic shoes; however, they are worn out and need to be replaced. Although ODG Guidelines discuss "footwear", there is no discussion of specific "orthotic rocker shoes." There is no discussion that the patient has osteoarthritis of the knee for which specialized footwear may be indicated for. In addition, ODG Guidelines under its knee/leg chapter discusses Durable Medical Equipment and states that for an equipment to be considered a medical treatment it needs to be used primarily and customary for medical purposes. It generally is not useful to a person in the absence of illness or injury. None of the guidelines support the requested specialized shoes; therefore this request IS NOT medically necessary.