

<b>Case Number:</b>	CM15-0189254		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	05/30/1997
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Arizona, California

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 56-year-old male who sustained an industrial injury on 5-30-1997. Diagnoses have included status post laminectomy-discectomy L4 recurrent disc herniation with radiculopathy and possible segmental instability at L4-5; status post arthrodesis lumbar spine x5; status removal of deep retained symptomatic hardware lumbosacral spine battery dorsal column implant; and, status post cervical spine fusion. The injured worker has been being treated with medication through consultation with a pain management specialist and documented use of assistive devices including a cane and orthopedic shoes stated to help with walking and support his right leg limp. Medical records provided are recent and previous treatments are not included in the documentation, but 7-21-2015 the treating physician states his orthotic shoes have "worn out." The injured worker continues to report increasing low back pain with burning and weakness in his legs, aggravated with walking, standing, sitting, lifting, bending and twisting. The treating physician's plan of care includes a request for new orthopedic shoes, but this was denied on 9-9-2015. The injured worker has been declared permanent and stationary, but it is not documented if he is presently working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Shoes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary.

**Decision rationale:** According to the guidelines, 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. In this case, the claimant did not have the above diagnoses. The claimant's foot exam or leg length discrepancy was not described. The request for orthopedic shoes was not justified and not medically necessary.