

Case Number:	CM15-0029235		
Date Assigned:	02/23/2015	Date of Injury:	11/07/1994
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/17/2015

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: New York
 Certification(s)/Specialty: Podiatrist

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 57 year old female, who sustained an industrial injury on 11/7/94. She has reported back and ankle pain. The diagnoses have included lumbago, low back pain and joint ankle pain. Treatment to date has included pain management, spinal cord stimulator and medications. Currently, the injured worker complains of continued low back pain and foot pain bilaterally. She is using spinal cord stimulator turned all the way up and feels that only the stimulator will control her pain. She relies on medication to reduce the pain and allow her to perform her normal activities of daily living (ADL's). The shoes she has are now worn out and she is falling and has a broken small toe left foot. It has been two years since shoes have been provided. The shoes allow her to be able walk and reduce symptoms and flare-ups. Physical exam revealed foot pain bilaterally and the pain is rated 6/10 on pain scale with medication use. The bilateral lower extremities including the knees, ankles and feet are stable. The current medications were documented. On 1/22/15 Utilization Review non-certified a request for Orthopedic shoes, quantity of two noting the (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines chapter 14 ankle referenced, and Official Disability Guidelines (ODG) ankle and foot chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic shoes, quantity of two: 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): 370.

Decision rationale: Is well-established in the enclosed progress notes that this patient reflex sympathetic dystrophy (RSD). She is experiencing low back pain lower extremity pain, and foot pain. She is receiving oral medication, spinal cord stimulation, and steroid injections to the back area. She states that she is using orthopedic shoes and has for the past two years. They are worn out currently she is requesting a new pair to help with her balance. The patient admits in a progress note dated 12/23/2014 that she needs new orthopedic shoes to help her reduce the symptoms and flair ups of her RSD. Physical exam this day reveals that her lower extremity is stable. Diagnoses include foot pain, ankle pain, and myofascial pain. The physicians states the end of the visit that, "enough time has gone by and she should be able to get new shoes." Pertinent guidelines do not recommend orthopedic shoes as a treatment for RSD. Chapter 14 of the MTUS guidelines state that supportive shoes are recommended for the treatment of hallux valgus, neuroma, and plantar fasciitis. This patient does not have any of these diagnosis therefore orthopedic shoes cannot be recommended for this patient at this time.