

Case Number:	CM15-0219426		
Date Assigned:	11/12/2015	Date of Injury:	08/30/1997
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/09/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 30, 1997. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve requests for diabetic shoes and 3 pairs of inserts. The claims administrator referenced an October 8, 2015 office visit in its determination. On an order form dated October 9, 2015, orthotics and a pair of diabetic shoes were endorsed. On a progress note dated April 6, 2015, the applicant was described as having issues with diabetic peripheral neuropathy and lymphedema about the feet. The applicant was having difficulty ambulating even with the aid of a cane. Custom orthotics and associated shoes to house that orthotics were seemingly endorsed. On a handwritten note dated October 15, 2015, the applicant was again described as receiving dialysis for issues with renal failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of diabetic shoes: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wound, Ostomy, and Continence Nurses Society (WOCN). Guideline for management of wounds in patients with lower-extremity neuropathic disease. Mount Laurel (NJ): Wound, Ostomy, and Continence Nurses Society (WOCN); 2012 Jun 1. 100p.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Foot problems.

Decision rationale: Yes, the request for a pair of diabetic shoes was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370, soft, wide shoes and/or soft, supported shoes are recommended for a wide variety of diagnoses involving the ankle and feet. Here, the treating provider contended that the applicant had various issues including ankle and foot edema, diabetic neuropathy, etc., which required orthosis to ameliorate. The treating provider stated that specialized shoes were needed to house said orthosis and inserts. This was, thus, indicated and in-line with the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370 and with ODG's Diabetes Chapter Foot Problems topic, which notes that creation of a functional unit which can accommodate either normal or modified shoe gear is indicated in applicants with diabetic foot issues, as were/are present here. Therefore, the request was medically necessary.

3 pairs of inserts: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Insoles; Insoles (plantar fasciitis); Heel pads.

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

Decision rationale: Similarly, the request for 3 pairs of inserts was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, page 371, 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 or, by analogy, the various foot and ankle conditions present here, including diabetic neuropathy and foot edema. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376 also notes that rigid orthotics (AKA inserts) are deemed "recommended" for applicants who carry appropriate diagnoses. Therefore, the request was medically necessary.