

Case Number:	CM15-0031589		
Date Assigned:	02/25/2015	Date of Injury:	10/28/1993
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/19/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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:

This is a 58-year-old male who has reported widespread pain, mental illness, and dental disease after falling on 10/28/93. The diagnoses include degenerative disc disease, cervical spine strain, shoulder sprain/strain, shoulder impingement, lumbar strain, carpal tunnel syndrome, knee strain, and chronic pain syndrome. Records from the treating physician during 2014-2015 reflect ongoing, widespread pain rated 8-9/10. The injured worker is seen as frequently as every 1-2 weeks. The injured worker receives frequent analgesic injections. The injured worker has been taking large quantities of opioids chronically; he is taking a combination of Marinol, Oxycotin, Roxicodone, and Percocet daily. The injured worker is not working. On 9/3/14, he was prescribed a functional restoration program. None of the PR2s discusses any footwear or any specific benefit from wearing the boots mentioned in the appeal letter. A drug test on 9/4/14 was positive for THC, oxycodone, and acetaminophen. A drug test on 12/24/14 was positive for hydrocodone (not prescribed) and oxycodone. On 1/21/15 and 1/30/15 the same pain issues were present. The treatment plan included trigger point injections and medications. There was no mention of shoes. An appeal letter of 2/13/15 from the treating physician noted widespread pain after the original injury. There is "difficulty walking". Two pairs of boots were initially prescribed for pain relief and to support ambulation in 2013. The injured worker has reported tremendous pain relief to his back and legs with these boots, and the injured worker reports that he would be close to being paralyzed or immobile without them. A journal article supporting orthotics for low back pain was cited. Medicare guidelines for diabetic therapeutic shoes were cited. On 2/3/15 Utilization Review non-certified the 4 pairs of footwear now under Independent

Medical Review. Utilization Review noted the lack of specific guidelines for hiking boots but cited the MTUS and the Official Disability Guidelines for orthotics and some kinds of shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of Cabela's air active backpacker boots: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Shoe insoles/shoe lifts.

Decision rationale: The treating physician has not provided evidence of a medical condition in the injured worker for which specific kinds of footwear are medically necessary. The only available report, which discusses footwear, is the appeal letter. That letter refers to pain in the back, legs, and knees, with no specific diagnosis and no medical condition in the feet. The treating physician referred to medical evidence regarding orthotics for back pain and footwear for diabetics, neither of which applies to this prescription for standard boots that are neither, orthotics, nor diabetic footwear. The treating physician has quoted the injured worker apparently in stating that there has been tremendous pain relief with these boots in the past. That is not at all evident in the medical reports, given that the injured worker has not returned to work, takes daily and high-dose opioids with THC, that he takes unprescribed opioids (hydrocodone), requires frequent office visits, requires frequent analgesic injections, and was referred to a functional restoration program due to severe pain issues. The ongoing pain has remained at a high level, as high as 10/10. The concept was also advanced that that the past use of boots keeps the injured worker from being near paralysis and total immobility. The treating physician did not explain the mechanism for this and it is entirely unclear how this is possible. The Official Disability Guidelines citation above states Recommended as an option for patients with a significant leg length discrepancy or who stand for prolonged periods of time. Not recommended for prevention. Customized insoles or customized shoes are not recommended as a treatment for back pain. The MTUS citation above notes that orthotics are recommended for metatarsalgia and plantar fasciitis, neither of which are present in this case. The treating physician has not provided evidence of a specific medical condition for which the prescribed boot are necessary. The treating physician provided evidence citations which are not relevant to this injured worker. The cited guidelines do not provide support for the prescribed boots. The prescribed boots are not medically necessary based on the lack of specific medical necessity and lack of medical evidence.

One pair of Salomon- quest 4D gore-tex hikers: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Shoe insoles/shoe lifts.

Decision rationale: The treating physician has not provided evidence of a medical condition in the injured worker for which specific kinds of footwear are medically necessary. The only available report, which discusses footwear, is the appeal letter. That letter refers to pain in the back, legs, and knees, with no specific diagnosis and no medical condition in the feet. The treating physician referred to medical evidence regarding orthotics for back pain and footwear for diabetics, neither of which applies to this prescription for standard boots that are neither, orthotics, nor diabetic footwear. The treating physician has quoted the injured worker apparently in stating that there has been tremendous pain relief with these boots in the past. That is not at all evident in the medical reports, given that the injured worker has not returned to work, takes daily and high-dose opioids with THC, that he takes unprescribed opioids (hydrocodone), requires frequent office visits, requires frequent analgesic injections, and was referred to a functional restoration program due to severe pain issues. The ongoing pain has remained at a high level, as high as 10/10. The concept was also advanced that that the past use of boots keeps the injured worker from being near paralysis and total immobility. The treating physician did not explain the mechanism for this and it is entirely unclear how this is possible. The Official Disability Guidelines citation above states Recommended as an option for patients with a significant leg length discrepancy or who stand for prolonged periods of time. Not recommended for prevention. Customized insoles or customized shoes are not recommended as a treatment for back pain. The MTUS citation above notes that orthotics are recommended for metatarsalgia and plantar fasciitis, neither of which are present in this case. The treating physician has not provided evidence of a specific medical condition for which the prescribed boot are necessary. The treating physician provided evidence citations which are not relevant to this injured worker. The cited guidelines do not provide support for the prescribed boots. The prescribed boots are not medically necessary based on the lack of specific medical necessity and lack of medical evidence.

One pair of Vasque breeze 2.0 Gore-tex hikers: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Shoe insoles/shoe lifts.

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One pair of Cabela's air active Mid-day hikers: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Shoe insoles/shoe lifts.

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