

<b>Case Number:</b>	CM15-0049230		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	04/12/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: 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 injured worker is a 57-year-old female, who sustained an industrial injury on 4/12/04. The PR2 dated 10/7/14 noted that the injured worker has complaints of some tingling in her feet and that diabetic shoes were not authorized. The documentation noted that the injured worker also had some weight gain because she had not been exercising and complains of orthopedic pain. Her A1C was 7.4. The diagnoses have included diabetes mellitus and early symptoms of diabetic neuropathy with tingling of feet. The documentation noted on 6/4/14 noted that the injured worker has complaints of right shoulder pain with the inability to raise her arm up. She reports that the cortisone injections did not help her. Magnetic Resonance Imaging (MRI) of the right shoulder was done. She has a diagnosis of impingement syndrome, right shoulder, with acromioclavicular joint arthrosis. The requested treatment is for diabetic shoes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diabetic Shoes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Shoes.

**Decision rationale:** The medical records supplied for review had no documented physical examination or diagnosis that would support the need for diabetic shoes. Therefore, the requested diabetic shoes are not medically necessary.