

<b>Case Number:</b>	CM15-0051544		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 48 year old female who sustained an industrial injury on October 1, 2011. She has reported injury to the low back, left lower extremity, and left knee. She has been diagnosed with left knee pain, status post patellofemoral arthritis, status post medial and lateral meniscal tears, skin slough to the right ankle, and rule out neuropathy of right foot. Treatment has included surgery, therapy, medications, and injection. Recent progress note noted the injured worker complained of pain, aching, and swelling in the calf with edema. The treatment request included Stiff soled rockered shoes with molded pastizote inserts. On February 19, 2015, Utilization Review non-certified the request for durable medical equipment (DME) stiff soled rockered shoes with molded pastizote inserts, based on the cited ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) stiff soled rockered shoes with molded pastizote inserts:** 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), Knee Chapter, Footwear, knee arthritis; Insoles.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Footwear, knee arthritis.

**Decision rationale:** The CA MTUS is silent concerning stiff soled shoes with inserts for knee osteoarthritis (OA); however, the cited ODG recommends it as an option. The primary recommendation is for thin-soled flat walking shoes (or even flip-flops or walking barefoot), and in the cases of mild OA, a lateral wedge. Specialized footwear can reduce joint loads in injured workers (IW) with knee osteoarthritis, compared to self-chosen shoes. In the case of this IW, she has been approved for viscosupplementation injections, which she has begun to receive. Based on the guidance, it would be reasonable to determine the efficacy of the joint injections for her OA, while she uses recommended thin-soled, over the counter, flat walking shoes. Therefore, the request for durable medical equipment (DME) stiff soled rocker shoes with molded pastizote inserts is not medically necessary at this time.