MAXIMUS Federal Services

Case Number:	CM15-0082255		
Date Assigned:	05/04/2015	Date of Injury:	12/01/2005
Decision Date:	06/03/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/29/2015

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: Arizona, California
Certification(s)/Specialty: 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 60-year-old female, who sustained an industrial injury on December 1, 2005. The injured worker has been treated for bilateral foot complaints. The diagnoses have included lesion of planter nerve, neuromas of the bilateral feet left greater than the right, low back pain secondary to the feet and left thigh/calf pain secondary to the feet. Treatment to date has included medications, radiological studies, injections, right, and left foot surgery. Current documentation dated February 9, 2015 notes that the injured worker reported left foot pain. The injured worker also noted that using rocker-bottom shoes and custom orthotics improved her functionality. Examination of the left foot revealed pain with dorsal planter palpation of the distal first intermetatarsal space. Pain was also noted with palpation and compression of the distal second and third interspaces. Tinel's sign was noted to be positive on the left. The treating physician's plan of care included a request for a pair of rocker-bottom shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rocker bottom shoes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chapter, ankle and foot, orthotic devices.

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

Decision rationale: According to the guidelines, rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. In this case, the claimant does not have the above diagnoses. The claimant had a neuroma and previously used the shoed, which allowed for further ambulation. Although, the claimant did benefit from the shoe it only increased ambulation up to an hour indicating limited benefit. The guidelines do not support its necessity for the claimant's diagnoses and the rocker bottom shoe is not medically necessary.