

Case Number:	CM15-0082531		
Date Assigned:	05/04/2015	Date of Injury:	10/15/2009
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52-year-old male, who sustained an industrial injury on October 15, 2009. He reported right foot and ankle pain and low back pain. The injured worker was diagnosed as having status post calcaneus fracture and open reduction internal fixation, subtalar degenerative joint disease, lumbosacral disc degeneration and narrowing, right groin pain, gastrointestinal upset, depression and radiculitis. Treatment to date has included diagnostic studies, right heel surgical intervention, pain injections to the lumbar spine and right heel, acupuncture, physical therapy, medications and work restrictions. Currently, the injured worker complains of constant right foot and ankle pain radiating to the right knee up the right side of the lower back with associated tingling and numbness of the lower extremities. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 18, 2014, revealed continued pain as noted with associated symptoms. Evaluation on March 5, 2015, revealed continued pain as noted. A modified pad with a heel pad for the right shoe was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- modified shoe with heel pad right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg- Footwear, knee arthritis.

Decision rationale: DME- modified shoe with heel pad right foot is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The ACOEM states that 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. The ODG states that heel pads are recommended as an option for plantar fasciitis, but not for Achilles tendonitis. The ODG recommends modified shoes as an option for patients with knee osteoarthritis. The documentation does not have a clear rationale or physical exam finding revealing why a modified shoe with heel pad is not medically necessary.