

<b>Case Number:</b>	CM15-0084172		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	05/19/1976
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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, Texas  
 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:

The injured worker is a 38 year old female, who sustained an industrial injury on 5/19/2008. She reported that a vehicle ran over her right forefoot. The injured worker was diagnosed as having traumatic crush injury to the right foot, altered gait, lumbar pain, RSD (reflex sympathetic dystrophy) of the foot, and depression. Treatment to date has included diagnostics, extensive physical therapy, MBT shoe, cast shoe, modified shoes, mental health treatment, injections, transcutaneous electrical nerve stimulation unit, and medications. An Agreed Medical Evaluation (9/17/2013) noted high grade dysfunction of the right foot, noting that various inserts and shoe modifications have really not helped her function. Currently 4/06/2015), the injured worker reports ongoing foot pain, rated 4/10. She reported burning and the need to remove sock at night and she used shoes that did not put pressure on the top of her foot. Weight was stabilized at 186 pounds. Her gait was abnormal and she was able to get into normal sport shoes and wear for a short period and a certain type of sandal with the insert taken out. She was able to walk short distances without a cane and walked on the outside of her foot, noting callous buildup at the lateral mid arch outside margin. Her shoe modifications were documented as helpful but inserts didn't work. Medications included Celebrex (documented as hold because of pregnancy and may try again soon), Flector patches, Lidoderm patches, Neurontin, Norco, Pristiq, and Voltaren gel. Work status was not documented. The rationale for replacement of a pair of cushioned shoes was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement pair of cushioned shoes Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

**Decision rationale:** According to the ACOEM 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 Injured Worker has tried orthotics previously without any benefit in function or pain. The documentation doesn't support that the patient has a medical necessity for custom shoes or inserts. The request for cushioned shoes is not medically necessary as previous orthotics were not helpful.