

<b>Case Number:</b>	CM14-0122416		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/22/2009
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 72-year-old female with a date of injury of 4/22/09. The mechanism of injury is not disclosed in the limited submitted records. The patient has a history of a right total knee replacement surgery, and subsequently, the patient developed CRPS of the right knee. She has ongoing sensitive affecting the right leg, and ambulates with the aid of a cane. The patient has swelling of the foot, making it difficult to utilize regular shoes. This was submitted to Utilization Review and an adverse decision was rendered on 7/17/14. The UR advisor stated that ODG supports special footwear as an option in patients with osteoarthritis, and because this pateint does not have osteoarthirtis, she did not meet criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic mens shoes depth:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) are silent with regards to orthopedic shoes, but do support orthotics for the appropriate diagnoses. Therefore, consider Official Disability Guidelines (ODG), which states that footwear is recommended as an option for patients with osteoarthritis. In this case, the patient is s/p a TKR surgery and subsequently developed Complex regional pain syndrome (CRPS) affecting the lower leg. Due to hypersensitivity and swelling, an orthopedic shoe was requested. Though this does represent an alternate use that is not specified in ODG, the intent of use is proper and intervention is reasonable. Medical necessity of an orthopedic shoe is established.