

Case Number:	CM14-0133481		
Date Assigned:	09/18/2014	Date of Injury:	06/30/2000
Decision Date:	10/16/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/20/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 56 year old male with an injury date of 06/30/00. Based on 05/27/14 progress report provided by [REDACTED], the patient complains of tender low lumbar. He ambulates with a cane and has had left unilateral amputation above the knee. Prosthesis fits well on left. The provider states prescription for new shoes and ultram under Objective Findings. Diagnosis 05/27/14- lumbar/lumbosacral disc degeneration- amputation above knee, unilateral [REDACTED] is requesting Orthopedic shoes. The utilization review determination being challenged is dated 07/30/14. The rationale is "a pair was authorized on 06/20/14, and the request was to be withdrawn, therefore current request is for non-certification." [REDACTED] is the requesting provider, and he provided treatment reports from 12/03/13 - 05/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ORTHOPEDIC SHOES: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoe insoles/shoe lifts:

Decision rationale: The patient presents with lumbar/lumbosacral disc degeneration and amputation above the left knee. The request is for Orthopedic shoes. ODG guidelines Back Pain Chapter: has the following regarding shoe insoles/shoe lifts: "The therapeutic objective of shoe lifts is to compensate for lower limb length inequality and thereby reduce back pain. Given the low cost and low potential for harms, shoe insoles are a treatment option." ODG-TWC: Knee and Leg Chapter: Footwear: " Recommended as an option for patients with knee osteoarthritis. Specialized footwear can effectively reduce joint loads in subjects with knee osteoarthritis, compared with self-chosen shoes and control walking shoes." The patient presents with low back pain and uneven leg length due to amputation and prosthetic limb. Request is reasonable. This request is medically necessary.