

<b>Case Number:</b>	CM14-0145815		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/19/2003
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Pain Medicine 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 injured worker is a 64-year-old male who reported an injury on 08/24/2000. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbago and carpal tunnel syndrome. Past medical treatments consist of physical therapy, lumbar epidural steroid injections, and medication therapy. On 07/07/2014, the injured worker underwent x-rays. On 07/07/2014, the injured worker complained of low back pain. Physical examination had noted that the injured worker's pain rate was 9/10. Examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. Seated nerve root test was positive. Standing flexion and extension were guarded and restricted. It was noted that the injured worker had tingling and numbness in the posterior leg and lateral foot, which is in an S1 dermatome pattern. There was no greater than 3+ to 4- strength in the ankle plantar flexors and S1 innervated muscle. The treatment plan was for the injured worker to have access to bilateral bottom rocker soles. The rationale was not submitted for review. The Request for Authorization was submitted on 04/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Bottom Rocker Soles Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Ankle & Foot Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Orthotic devices (Rocker profiles).

**Decision rationale:** The request for Bilateral Bottom Rocker Soles Purchase is not medically necessary. According to the Official Disability Guidelines, rocker profile shoes are commonly prescribed based on theoretical considerations with minimal scientific study and validation. Rocker profiles are used to afford pressure relief for the plantar surface of the foot, to limit the need for sagittal plane motion in the joints of the foot, and to alter gait kinetics and kinematics in proximal joints. In this review, efficacy has not been demonstrated. The effectiveness of rocker soled shoes in restricting sagittal plane motion in individual joints of the foot is unclear. Rocker profiles have minimal effect on the kinetics and kinematics of the more proximal joints of the lower limb, but more significant effects are seen at the ankle. Given the above, bilateral rocker bottom soles are not recommended by the ODG. As such, the request for Bilateral Bottom Rocker Soles Purchase is not medically necessary.