

Case Number:	CM14-0146399		
Date Assigned:	09/12/2014	Date of Injury:	10/20/2000
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	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 Family Practice and is licensed to practice in Texas. 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 65-year-old female who reported an injury on 10/20/2000. The mechanism of injury was not clearly indicated in the clinical notes. Her diagnoses included lumbago, lumbar disc displacement without myelopathy, back ache, cervical disc degeneration, and cervicobrachial syndrome. Her past treatments included approximately 18 sessions of acupuncture and medication. The injured worker's diagnostic exams were not clearly indicated in the clinical notes. The injured worker's surgical history included a bariatric surgery performed approximately in 2013. On 06/05/2014, the injured worker reported that her low back pain was stable after her acupuncture sessions and that her closed tennis shoes were working well and that she would like open shoes. The physical exam revealed the injured worker had a slowed wide based gait. Her medications included Lidoderm 5% patch, Tylenol 3, Voltaren gel, and Cyclobenzaprine. The treatment plan encompassed the use of orthotic open shoes and continuation of her medications. A request was received for 1 pair of orthotic open shoes. The rationale for the request was that the durable medical equipment would help improve function. The Request for Authorization form was submitted but not signed and dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of orthotic open shoes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The request for 1 pair of orthotic open shoes is not medically necessary. The ACOEM Guidelines state that rigid orthotics such as orthotic open shoes may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. Based on the clinical notes the injured worker had diagnoses of lumbago, lumbar disc displacement, and cervical disc degeneration. These diagnoses would not be supported by the guidelines to warrant the use of orthotic open shoes. Therefore, the request would not be supported due to lack of evidence indicating plantar fasciitis or metatarsalgia. Thus, the request for 1 pair of orthotic open shoes is not medically necessary.