

Case Number:	CM14-0148066		
Date Assigned:	09/18/2014	Date of Injury:	02/11/2010
Decision Date:	11/05/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/11/2014

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:

The injured worker is a 57-year-old male who reported a work related injury on 02/11/2010 due to an industrial injury. A Request for Authorization form was submitted for review on 05/21/2014. The injured worker's diagnoses consist of status post lumbar laminectomy and discectomy with removal of herniated disc, right L4-5, on 03/25/1997, status post revision decompression with bilateral medial facetectomies for, and right sided discectomies at L4-5 and L5-S1, left sided L3-4 decompression with microdiscectomy, dural repair times 2 requiring laminectomy on 06/29/2010, status post right knee arthroscopy with partial medial and lateral meniscectomies on 06/06/2011, status post left knee arthroscopy with partial medial meniscectomy on 03/02/2012, chondromalacia of patella of both knees by physical examination and right shoulder strain. Surgical history was noted to include lumbar laminectomy and discectomy with removal of herniated disc on 03/05/1997 with decompression with bilateral medial facetectomies, foraminotomies, and right sided discectomies at L4-5 and L5-S1, left sided L3-4 decompression with microdiscectomy, dural repair times 2 requiring laminectomy on 06/29/2010, right knee arthroscopy with partial medial and lateral meniscectomies on 06/06/2011, and left knee arthroscopy with posterior medial meniscectomy on 03/02/2012. The injured worker's prescribed medications were noted to include Flexeril and ibuprofen. Upon examination on 06/16/2014, the injured worker continued to complain of low back pain with radiation into the left buttock, groin, anterior lateral thigh, calf, and into his foot. It was noted that 80% of the pain was located in the left lower extremity and 20% was located in the lumbar spine. He also stated that the pain is exacerbated with sitting and walking up the stairs and an incline. He also stated that the pain is alleviated by using heat and ice as well as medication. The injured worker noted his overall symptoms began in January 2014, and they slowly dissipated and then severely worsened over the last month and a half. Upon physical examination it was

noted that the injured worker was alert, oriented, pleasant, and appeared to be in no acute distress. He was able to ambulate throughout the exam room without the use of assistive devices. His gait was noted to be antalgic, favoring the left lower extremity. Muscle strength of the left lower extremity for the hip, flexor was 4/5, as well as the left quadriceps. Muscle strength is otherwise 5/5. The injured worker's past treatment was noted to include medication management, surgical history, physical therapy, and injections. The treatment plan consisted of special shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

HUNTER HIG GTX HUNTING INSULATED BOOTS - 1 PAIR FOR PURCHASE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ANKLE AND FOOT

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

Decision rationale: The request for special shoes is not medically necessary. The Official Disability Guidelines state shoes are only recommended as an option for knee osteoarthritis. Specialized footwear can affect to fully reduce joint loads in subjects with knee osteoarthritis, compared with self-chosen shoes and controlled walking shoes. In, regards to the injured worker, the specific role or indication of specialized shoe where is not supported. Additionally, there are no objective findings documented to support the medical necessity of special shoes. As such, the request for hunter HIG GTX hunting insulated boots is not medically necessary.