

Case Number:	CM14-0157081		
Date Assigned:	09/30/2014	Date of Injury:	10/20/2012
Decision Date:	11/05/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational 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:

There were 31 pages provided for this review. The application for independent medical review was for orthopedic shoes. It was signed on what appeared to be September 9, 2012; the writing was not legible. The injury was October 20, 2012. The date of birth was [REDACTED]. Per the records provided, this is a 44-year-old worker injured October 20, 2012. He was carrying a hospital bed down a flight of stairs in a residence home, missed a step and lost balance and twisted the left ankle. The patient is status post a left posterior tibialis tendon repair and flexor digitorum longus tendon repair on February 23, 2013. As of July 23, 2014, the injured worker received an ankle foot orthosis and was instructed to wear it. The subjective complaints had improved and he was scheduled to begin therapy. Pain over the surgical site still persisted as of August 22, 2014. The ankle-foot-orthotic was working, but it was causing pressure irritation along the medial malleolus. The previous reviewer felt there was insufficient documented evidence to support this request for an orthopedic shoe. He currently has an ankle foot orthotic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic shoe: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 2014 online 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, Shoes and on the FDA in 42 CFR 414.202

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes under, Knee, Shoes: Recommend special footwear as an option for knee osteoarthritis. In this case, an orthopedic shoe is requested, without definition of how it should be medically designed. Shoes of course are standard clothing items, and not necessary medical treatment. Durable Medical Equipment, as defined by the FDA in 42 CFR 414.202, is equipment which is furnished by a supplier or home health agency that: 1. Can withstand repeated use 2. Is primarily and customarily used to serve a medical purpose, 3. Is generally not useful to the individual in the absence of an illness or injury, and is appropriate for use in the home. Without clarification of medical purposes, this device fails to meet the FDA definition of durable medical equipment, as shoes are not primarily used to serve a medical purpose, and the 'orthopedic' feature of the shoe is not defined. The request is not medically necessary.