

Case Number:	CM14-0166804		
Date Assigned:	10/14/2014	Date of Injury:	10/25/2011
Decision Date:	11/14/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/09/2014

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 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 258 pages provided for this review. This is a request for custom soft shoe inserts. The application for independent medical review was signed on October 6, 2014. The claimant has persistent right shoulder pain with problems in range of motion. There was a point on the shoulder blade that is very painful. The patient was approved for a left ankle brace with a back support on June 24, 2014. There is also numbness and tingling in the bilateral shin region. There is pain along the plantar fascia and the left ankle in the lateral aspect of the left ankle joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM SOFT SHOE INSERTS FROM [REDACTED]: Upheld

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

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

Decision rationale: Regarding insoles, the MTUS is silent. The ODG notes in the Knee section that they are recommended as an option. Recommend lateral wedge insoles in mild osteoarthritis but not advanced stages of osteoarthritis. Insoles can reduce pain among patients with knee

osteoarthritis. Increased joint loading significantly increases the risk of osteoarthritis progression, but is amenable to change using insoles or footwear, and insoles and footwear offer great potential as simple, inexpensive treatment strategies for knee osteoarthritis. (Hinman, 2009). In this case, the presence of and degree of osteoarthritis is not clear; the request is therefore not medically necessary.