

Case Number:	CM14-0110205		
Date Assigned:	09/16/2014	Date of Injury:	11/02/2001
Decision Date:	06/30/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 72 year old male, who sustained an industrial injury on 11/2/01. He reported initial complaints of left foot injury and low back pain. The injured worker was diagnosed as having neuritis of the dorsal cutaneous nerves on left; sciatica left leg; cavus deformity bilaterally. Treatment to date has included lumbar epidural steroid injections (9/2002). Diagnostics included NCV/SSEP testing left lower extremity (5/8/02; MRI left foot (5/28/02); MRI lumbar spine (8/14/02). Currently, the PR-2 notes dated 5/28/14 from a treating podiatrist indicating the injured worker complains of moderate intermittent pain in the left foot rating it as 6-7/10. He tried to walk to rehabilitate his injury and can walk for about 20 minutes before the pain becomes moderate and one hour of continuous walking the pain becomes severe in the left foot. He has cramping and pain in his toes. There are limitations in his activities and is not able to return to work in his previous occupation. The provider notes the injured worker has injury to his left lumbar spine that was previously described as radiating pain into the legs. On examination, this provider notes, there is severe cavus foot morphology bilaterally with the left greater than the right. There is severe calcaneal inversion in stance left greater than right with a severe tibia left. There is pain on compression of the left dorsal midfoot and pain on passive maximum ankle joint dorsiflexion on the left with pain on passive toe extension on the left. There is a limitation of inversion range of motion on the left with pain on resisted inversion during manual muscle testing. There is a significant limping in gait and steppage from of gait with a loss of heel to toe progression on the left. X-ray finding are documented (no date) that reveal a severe increase in calcaneal inclination angle indicating cavus deformity bilaterally.

There is a prominent dorsal midfoot bilaterally and no excessive osteoporosis present. This provider is requesting: Men's extra depth shoes, 1 pair; EMG/NCV lower extremities and x-rays of the right and left feet completed on 5/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Men's extra depth shoes, 1 pair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: CA MTUS is silent on the topic of extra deep shoes. ODG addresses the use of orthotics in the section on ankle/foot. Extra depth shoes are a component of custom orthotics. The prior UR decision approved requests for custom orthotics based on the submitted medical records. When custom orthotics are medically indicated, extra depth shoes are equally medically indicated. The request for extra depth shoes is medically necessary.

NCV/EMG of the lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines - Low back Lumbar and thoracic acute and chronic-Ankle and foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMG.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. In this case, the claimant's symptoms have been present for far more than a few weeks and EKG.NCV is medically indicated to help define extent of radicular symptoms. The request is medically necessary.

X- rays of right and left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: ACOEM states that imaging for foot complaints are routinely obtained to rule out infection, fracture, arthritis or neoplasm and should be considered when symptoms continue after 4 weeks. In this case, the claimant has symptoms of the left foot which warrant X rays but the medical record contains no documentation of right foot symptoms to warrant x rays. The original UR decision approved X rays of the involved and symptomatic right foot but denied x-rays of the uninvolved right foot. The request for right and left foot x rays is not medically necessary and the original UR decision is upheld.