

Case Number:	CM14-0127391		
Date Assigned:	09/26/2014	Date of Injury:	01/11/2007
Decision Date:	06/10/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/12/2014

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: California, Indiana, Oregon

Certification(s)/Specialty: Orthopedic Surgery

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 53 year old male, who sustained an industrial injury on 01/11/2007. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included left below the knee amputation surgery. At the time of the request for authorization, the injured worker complained of problems with his prosthetic not fitting properly. The injured worker denied any pain in the stump. Several documents within the submitted medical records are difficult to decipher. The diagnoses include status post below the knee amputation. The request for authorization included men's shoes high-top depth Inl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mens shoes hightop depth InI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (updated 03/26/14) Orthotic devices.

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

Decision rationale: CA MTUS/ACOEM Chapter 14, page 371 states that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. In this case the exam notes from 4/10/13 do not demonstrate a clear functional deficit or impairment to warrant a specialized prescription orthotic. The amputated foot does not need an orthotic and there is insufficient evidence to support orthotic in the well limb. Therefore the request is not medically necessary.