

Case Number:	CM14-0197272		
Date Assigned:	12/17/2014	Date of Injury:	11/20/2000
Decision Date:	01/29/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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 New York & North Carolina. 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 patient claims injury 11/20/2000. He states he has pain in the ankle and foot and knee. On 10/1/14 he has leg and back pain. The examination included a general overview, respiratory, back, neurologic and psychological exam. The back was only portion that was abnormal, showing tenderness to palpation in the lumbar paraspinal area, decreased ROM in all planes and lumbar radicular signs. He is treated with Opana, intermediate and extended release, Colace, Wellbutrin, Flexeril, Zofran, and Lunesta. Her pain management specialist is appealing the 10/30/14 denial of a left knee brace and orthopedic shoes for knee and foot pain, respectively. He also requested epidural steroid injection for lumbar radiculopathy. The reasoning, per peer to peer phone call was that the knee brace was a replacement for one he had to support the knee for osteoarthritis. The orthopedic shoes "seem" to be a method of correcting the gait, secondary to the knee pain and the lumbar condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Braces: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340.

Decision rationale: Per the ACOEM guidelines portion of the CA MTUS, a knee brace can be used for instability in the knee. There is no evidence of instability or any knee pathology in this claimant noted on the most recent examination submitted for review when the knee brace was requested. There is no noted of any gait instability. Therefore, this request is not medically necessary.

Ortho Shoes: 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), Ankle & Foot Procedure Summary last updated 07/29/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare coverage: <http://www.medicare.gov/coverage/therapeutic-shoes-or-inserts.html> United Health care coverage: https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/UnitedHealthcare%20Medicare%20Coverage/Shoes_and_Foot_Orthotics_SH_Ovations.pdf Aetna coverage: <http://www.aetna.com>

Decision rationale: Both the CA-MTUS and the ODG is silent in regards to orthopedic shoes (outside of magnetic insoles). Medicare coverage for therapeutic shoes and inserts are covered for those with diabetes and severe diabetic foot disease. They may be prescribed a podiatrist or other qualified doctor. [REDACTED] states that an orthopedic shoe is covered only if an integral part of a covered leg brace, including shoe inserts, heel/sole replacements, or shoe modification, when medically necessary for the proper functioning of the brace. Orthopedic shoes for subluxations of the foot are not covered. Their definition of an Orthopedic Shoe: A shoe that prevents or corrects foot deformity. Per [REDACTED] custom-molded shoes with the following characteristics are considered medically necessary when the member has a foot deformity that cannot be accommodated by a depth shoe: constructed over a positive model of the member's foot; have removable inserts that can be altered or replaced as the member's condition warrants; and have some sort of shoe closure; and made from leather or other suitable material of equal quality. There is no indication of a medical need for orthopedic shoes in the records reviewed. There is no mention of a foot deformity, or that he wears leg braces. The request is not medically necessary.