

<b>Case Number:</b>	CM14-0211160		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	01/24/2008
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for reflex sympathetic dystrophy and chronic neck pain reportedly associated with an industrial injury of January 24, 2008. In a Utilization Review Report dated December 16, 2014, the claims administrator denied a request for custom in-depth shoes. The applicant's attorney subsequently appealed. In a December 15, 2014 progress note, the applicant reported ongoing complaints of headaches and neck pain. The applicant was status post earlier cervical fusion surgery. The applicant was apparently given an injection of Toradol in the clinic setting. The applicant was reportedly using Tylenol and Celebrex for pain relief. The applicant had also undergone neck surgery, ankle surgery, hand surgery, knee surgery, it was incidentally noted. The applicant exhibited a slightly antalgic gait. The applicant was asked to consider interventional spine procedures. In a December 3, 2014 progress note, the applicant reported persistent complaints of neck pain radiating to the arm. The applicant's BMI was 27. The applicant reported issues with weight gain. The applicant did exhibit 5/5 upper extremity strength bilaterally. The applicant's gait was not described on this occasion. In an October 22, 2014 progress note, the applicant reported highly variable 2-8/10 neck, low back, and leg pain. The applicant had issues with myofascial pain syndrome, chronic pain syndrome, chronic neck pain, chronic wrist pain, and chronic ankle pain. The applicant was asked to obtain in-depth shoes and Celebrex. The applicant was asked to exercise on a regular basis. The applicant's ankle and foot issues were only incompletely alluded to and were not clearly described and/or characterized.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom In-Depth 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, Treatment Index, 12th Edition (web) 2014, Ankle & Foot

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370 does support soft, supportive shoes in applicants with plantar fasciitis, wide shoes with applicants with neuromas, and soft, wide shoes in applicants with hallux valgus, in this case, however, the applicant's ankle and/or foot issues were not clearly described and/or characterized. It was not clearly stated why the proposed custom in-depth shoes were endorsed. The attending provider did not clearly establish what diagnosis or diagnoses were present involving the foot and ankle which would compel provision of the same. Therefore, the request was not medically necessary.