

<b>Case Number:</b>	CM14-0216240		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	10/21/2006
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 49-year-old woman who sustained a work injury on October 21, 2006. The patient was being treated for bilateral ankle sprains. According to the progress report dated November 20, 2014, the patient complained of foot, hip, knee, and low back pain. She rated the level of her pain as a 6-8/10. Objective findings included: tenderness over plantar fascia and anterolateral joint line, mild swelling over anterolateral joint line, slight pes planus bilaterally, extensor lag with slight laxity upon inversion test, left hip tenderness over greater trochanter, positive Faber's test, and a slow guarded gait. The progress report dated December 9, 2014 noted that the patient's bilateral ankle pain was increased with prolonged walking and standing. Objective findings included: tenderness to palpation of the lateral aspect of bilateral ankles over the anterior talofibular ligament. The patient was diagnosed with bilateral lateral ankle sprains and acute tenosynovitis. The provider specified that the requested shoes were to accommodate the patient's braces and give her better support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pair of extra 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 (ODG) Ankle & Foot

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-375.

**Decision rationale:** According to MTUS, supportive shoes are medically necessary in several disease of the ankle and foot. There is no documentation that this patient developed foot disorder such as Hallux Valgus requiring extra depth shoes. The patient was diagnosed with bilateral ankle strain and the need for special shoes is unclear.