

<b>Case Number:</b>	CM15-0013461		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46-year-old male who reported an injury on 11/04/2013 after a metal bar on a gate fell on top of his left foot, resulting in a fracture of the 1st, 2nd, and 3rd toes. The injured worker's treatment history included immobilization, wound care, medications, and a bone growth stimulator. The injured worker was evaluated on 12/12/2014. It was documented that the injured worker's injury was 70% improved with use of a bone stimulator. It was documented that the injured worker's treatment history included in depth custom shoes with inserts. It was noted that the injured worker's treatment plan was to replace the orthopedic shoes as they had worn out and were no longer providing comfort and pain control. A Request for Authorization form dated 12/16/2014 was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic shoes with custom inserts x 1 pair purchase only:** 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 (ODG), Ankle & Foot

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Insoles

**Decision rationale:** The requested orthopedic shoes with custom inserts x1 pair for purchase only is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommend rigid orthotics to assist with pain control during walking and to reduce global measures of pain and disability for injured workers with metatarsalgia. Additionally, the Official Disability Guidelines recommend shock absorbing inserts for footwear to reduce incidence of stress fractures. The clinical documentation submitted for review does indicate that the injured worker has nonunion fractures of the toes that would benefit from orthopedic shoes and custom inserts. The clinical documentation indicates that the injured worker has worn out a pair of these types of shoes with custom inserts. The requested equipment allows the injured worker to return to work and continue in the healing process. The requested orthopedic shoes and custom inserts would provide pain control to allow the injured worker to participate in normal job duties. As such, the requested orthopedic shoes with custom inserts x1 pair for purchase only is medically necessary and appropriate.