

<b>Case Number:</b>	CM15-0112941		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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  
 Certification(s)/Specialty: Emergency 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:

This 34 year old male sustained an industrial injury on 11/22/13. He subsequently reported left foot pain. Diagnoses include pain in foot, ankle joint pain and status left toe amputation. Treatments to date include x-ray and MRI testing, amputation surgery, physical therapy and prescription pain medications. The injured worker continues to experience left foot and ankle pain. Upon examination, there was swelling, tenderness and a scar noted on the left foot. Lumbar spine was tender at the facet joint. There was decreased flexion, extension and lateral bending of the lumbar spine. A request for shoes for heavy use, shoes for light use and additional physical therapy was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoes for Heavy use:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter (updated 5/5/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation. Aetna Clinical Policy 0451 Most Aetna plans exclude coverage of orthopedic shoes.

**Decision rationale:** The requested Shoes for Heavy use, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS): no guideline for dress shoes. Orthopedic shoes Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition Ankle and foot, - no guideline for orthopedic shoes. Semi-rigid foot orthotics appear to be more effective than supportive shoes worn alone or worn with soft orthoses for metatarsalgia. Aetna Clinical Policy 0451 Most Aetna plans exclude coverage of orthopedic shoes, foot orthotics or other supportive devices of the feet, except under the following conditions: This exclusion does not apply to such a shoe if it is an integral part of a leg brace and its expense is included as part of the cost of the brace. See section below on therapeutic shoes as integral parts of a leg brace. This exclusion does not apply to therapeutic shoes furnished to selected diabetic members. The injured worker has left foot pain. Diagnoses include pain in foot, ankle joint pain and status left toe amputation. Treatments to date include x-ray and MRI testing, amputation surgery, physical therapy and prescription pain medications. The injured worker continues to experience left foot and ankle pain. Upon examination, there was swelling, tenderness and a scar noted on the left foot. The treating physician has not sufficiently documented the medical necessity for orthopedic shoes. The criteria noted above not having been met, Shoes for Heavy use is not medically necessary.

**Shoes for Light use:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter (updated 5/5/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation . Aetna Clinical Policy 0451 Most Aetna plans exclude coverage of orthopedic shoes.

**Decision rationale:** The requested Shoes for Light use, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS): no guideline for dress shoes. Orthopedic shoes Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition Ankle and foot, - no guideline for orthopedic shoes. Semi-rigid foot orthotics appear to be more effective than supportive shoes worn alone or worn with soft orthoses for metatarsalgia. Aetna Clinical Policy 0451 Most Aetna plans exclude coverage of orthopedic shoes, foot orthotics or other supportive devices of the feet, except under the following conditions: This exclusion does not apply to such a shoe if it is an integral part of a leg brace and its expense is included as part of the cost of the brace. See section below on therapeutic shoes as integral parts of a leg brace. This exclusion does not apply to therapeutic shoes furnished to selected diabetic members. The injured worker has left foot pain. Diagnoses include pain in foot, ankle joint pain and status left toe amputation. Treatments to date include x-ray and MRI testing, amputation surgery, physical therapy and prescription pain medications. The injured worker continues to experience left foot and ankle pain. Upon examination, there was swelling, tenderness and a scar noted on the left foot. The treating physician has not

sufficiently documented the medical necessity for orthopedic shoes. The criteria noted above not having been met, Shoes for Light use is not medically necessary.

**Additional Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The requested Additional Physical Therapy is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has left foot pain. Diagnoses include pain in foot, ankle joint pain and status left toe amputation. Treatments to date include x-ray and MRI testing, amputation surgery, physical therapy and prescription pain medications. The injured worker continues to experience left foot and ankle pain. Upon examination, there was swelling, tenderness and a scar noted on the left foot. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Additional Physical Therapy is not medically necessary.