Case Number:	CM15-0117042		
Date Assigned:	06/25/2015	**Date of Injury:**	07/23/2008
Decision Date:	07/24/2015	**UR Denial Date:**	05/29/2015
Priority:	Standard	**Application Received:**	06/17/2015

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: New Jersey, Alabama, 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 injured worker is a 73-year-old male who sustained an industrial injury on 07/23/2008. Mechanism of injury was not documented. Diagnoses include traumatic arthropathy at the ankle and foot, arthropathy associated with neurological disorders and other hammertoe acquired. Treatment to date has included diagnostic studies, surgery, medications, aquatic therapy, physical therapy, home exercise program, and custom molded orthotics. A physician progress note dated 05/13/2015 documents the injured worker has neuro arthropathy of his right foot, and he has great difficulty getting a pair of shoes that fit. On examination, he has a collapse of his longitudinal arch on the right. There is no significant bony prominence and no ulceration. He has mild clawing of the lesser toes. Onychomycosis is noted of all the toenails bilaterally. He has a normal arch on the left. Unofficial X rays revealed consolidating mid-foot arthrodesis, there is broken hardware in the foot and there has been some forefoot varus noted. Arthritis is also noted on the tars metatarsal joints. In a physician note, dated 05/14/2014 there is documentation that the custom molded shoes he has are quite rigid, and are making his balance worse. He is requesting custom molded trilaminate orthotic and custom milder extra depth diabetic shoes. Treatment requested is for 1 pair of orthopedic dress shoe, and 1 pair of motion control running shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of motion control running shoes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter; National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Barefoot running (versus shoes). http://www.odg-twc.com/index.html.

Decision rationale: Recommended as an option for experienced runners. Barefoot running changes the amount of work done at the knee and ankle joints and this may have therapeutic and performance implications for runners. The dynamics of running over ground while barefoot are different to that of running in a minimalist shoe that has cushioning and an elevated heel. Running barefoot induces mechanical changes to habitually shod highly trained runners gait and it is inherently different to shod running. The increase in work done at the ankle must be considered when transitioning to running barefoot as too rapid a transition may overload the triceps surae complex. Conversely, the reduction in joint moments and work done at the knee while running barefoot may provide potential benefits for the management of knee pain and injury. Most modern running shoes typically feature heavily cushioned and elevated heels, thick midsoles, arch supports and motion control features. While manufacturers have developed minimalist running shoes, which have a lower profile, greater sole flexibility, reduced heel-forefoot offset and lack motion control and the heavy cushioning features of conventional running shoes, there is little evidence to support the notion that the mechanics of running in a minimalist shoe is different to a conventional running shoe and/or similar to barefoot running. (Bonacci, 2013) See also Barefoot walking in the Knee Chapter. There is no clear evidence or documentation for the need of running shoes in this case as per ODG guidelines. Therefore, the request for 1 pair of motion control running shoes is not medically necessary.

1 pair of Orthopedic dress shoe: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter; National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Barefoot running (versus shoes). http://www.odg-twc.com/index.html.

Decision rationale: Recommended as an option for experienced runners. Barefoot running changes the amount of work done at the knee and ankle joints and this may have therapeutic and performance implications for runners. The dynamics of running over ground while barefoot are different to that of running in a minimalist shoe that has cushioning and an elevated heel. Running barefoot induces mechanical changes to habitually shod highly trained runners gait and it is inherently different to shod running. The increase in work done at the ankle must be

considered when transitioning to running barefoot as too rapid a transition may overload the triceps surae complex. Conversely, the reduction in joint moments and work done at the knee while running barefoot may provide potential benefits for the management of knee pain and injury. Most modern running shoes typically feature heavily cushioned and elevated heels, thick midsoles, arch supports and motion control features. While manufacturers have developed minimalist running shoes, which have a lower profile, greater sole flexibility, reduced heel-forefoot offset and lack motion control and the heavy cushioning features of conventional running shoes, there is little evidence to support the notion that the mechanics of running in a minimalist shoe is different to a conventional running shoe and/or similar to barefoot running. (Bonacci, 2013) See also barefoot walking in the Knee Chapter. There is no clear evidence or documentation for the need of orthopedic dress shoes in this case as per ODG guidelines. Therefore, the request for 1 pair of Orthopedic dress shoe is not medically necessary.