

Case Number:	CM15-0172985		
Date Assigned:	09/15/2015	Date of Injury:	12/16/2002
Decision Date:	10/20/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/02/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 12-16-12. Medical record indicated the injured worker is undergoing treatment for cervical disc herniation, lumbar myoligamentous sprain-strain, Achilles tendon rupture, left foot and ankle neuropathic pain with associated vasomotor changes, left knee internal derangement, right lateral epicondylitis, reactionary depression-anxiety, left calcaneotomy, left shoulder sprain-strain, medication induced gastritis and revision of spinal cord stimulator. Treatment to date has included left heel debridement, spinal cord stimulator, and oral medications including Norco 10-325mg, Neurontin, Soma, Wellbutrin, Fexmid, Anaprox and Remeron and activity restrictions. Currently on 8-5-15, the injured worker complains of continued left heel pain which she attributes to the anchor in her left heel. She uses a motorized wheelchair. She is not working. Physical exam performed on 8-5-15 revealed tenderness to palpation of cervical spine bilaterally with significant muscle rigidity of paraspinal muscles with decreased range of motion with obvious muscle guarding, exam of shoulders revealed tenderness to palpation along the left shoulder joint, exam of the right elbow revealed tenderness to palpation with localized soft tissue swelling, exam of lumbar spine revealed tenderness to palpation of posterior lumbar musculature with significant muscle rigidity and numerous trigger points and tender throughout the lumbar paraspinal muscles with decreased range of motion and exam of the left calf revealed significant muscle atrophy compared to the right along with well healed scars noted along the left heel. A request for authorization was submitted on 8-12-15 for orthopedic shoes. On 8-19-15, utilization review non-certified a request for orthopedic shoes noting deformity was not listed as a need for

orthopedic shoes, the injured worker was casted for a shoe which would make this a custom shoe, not an orthopedic shoe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic shoes Qty: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & foot.

Decision rationale: In this case, the request is for orthopedic shoes. An orthopedic shoe is defined as a shoe that prevents or corrects a foot deformity. In this case, the patient suffered a calcaneal fracture, underwent an exostectomy of the calcaneus and had resulting osteomyelitis. Deformity of the foot was not listed as a need for an orthopedic shoe. In this case, the patient was casted for a shoe, making it a custom shoe, not an orthopedic shoe. Therefore, since the request fails to mention a foot deformity or the necessity of leg braces, the request is not medically necessary or appropriate.