

<b>Case Number:</b>	CM15-0178344		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	09/27/2004
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Arizona, California  
 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:

This injured worker is a 62 year old female who reported an industrial injury on 9-27-2004. Her diagnoses, and or impressions, were noted to include: ankle sprain; left knee sprain-strain, status-post surgery in 2004; chronic pain; and myofascial pain. No current imaging studies were noted. Her treatments were noted to include: heat therapy; a home exercise program; medication management; and a return to full duty work. The progress notes of 8-12-2015 reported continued knee pain, rated 7 out of 10, left > right; the continuation of home exercises, stretching and walking; and that she was working full-time. Objective findings were noted to include: an antalgic gait; tenderness; range-of-motion and mild crepitus in the knees, decreased right knee. The physician's requests for treatments were noted to include "awaiting shoe inserts (2 pairs tore) super feet RFA for shoe inserts". The Request for Authorization, dated 8-12-2015, was for "RFA: shoe inserts". The progress notes of 4-29-2015 noted the discontinuation of all oral medications, and the request for new heel cups (last pair tore). The Utilization Review of 8-25-2015 non-certified the request for 2 pair of shoe inserts.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoe inserts, 2 pairs:** 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).

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care, Physical Methods, Summary.

**Decision rationale:** According to the guidelines, shoe inserts- similar to orthotics are indicated for plantar fasciitis or metatarsalgia. In this case, the claimant had knee pain and ankle sprain with an antalgic gait. There was no indication of the above diagnoses. As a result, the request for the shoe inserts is not medically necessary.