

Case Number:	CM15-0048255		
Date Assigned:	03/20/2015	Date of Injury:	02/19/2008
Decision Date:	06/04/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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 York

Certification(s)/Specialty: Podiatrist

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 (IW) is a 40-year-old male who sustained an industrial injury on 02/19/2008. Diagnoses include bilateral ankle pain, complex regional pain syndrome-right lower extremity and status post spinal cord stimulator implant. Treatment to date has included medications, right foot surgery, nerve blocks for the right leg/foot and an implanted spinal cord stimulator. Progress notes from 1/8/15 indicated the spinal cord stimulator did not provide coverage for relief of the burning right foot pain and attempts to reprogram the device were unsuccessful. According to the progress notes dated 2/5/15, the IW reported low back pain which radiated down the bilateral lower extremities and was aggravated by walking. The notes stated the IW's orthotics were wearing out and a podiatrist follow-up was needed. There was no documentation submitted by the podiatrist. A request was made for orthopedic shoe replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Shoe replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: During a physical exam on February 5, 2015 it was recommended by this patient's physician that he receive new orthopedic shoes as his current orthopedic shoes are worn out. It is also noted that he has had numerous replacements of these shoes in the past. There is no physical exam of the foot in particular that advises of foot pathology. Diagnoses this day include chronic pain, lumbar radiculitis, lumbar radiculopathy, left knee pain, status post spinal cord stimulation implant, left knee implant, right-sided chronic regional pain syndrome of the lower extremity. MTUS guidelines advise that wide soft shoes may be used for the treatment of diagnoses including hallux valgus, neuroma, and plantar fasciitis. The progress notes do not support that this patient is suffering with any of these diagnoses therefore new orthopedic shoes cannot be recommended at this time.