

Case Number:	CM15-0068498		
Date Assigned:	04/16/2015	Date of Injury:	07/21/1997
Decision Date:	05/19/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 62 year old female, who sustained an industrial injury on 7/21/1997. She reported injuries to feet due to repetitive walking. Diagnoses have included foot pain and pain in lower leg joint. Treatment to date has included left foot surgery and medication. According to the progress report dated 2/25/2015, the injured worker complained of pain in her bilateral feet. She rated her pain with medications as 3/10. She rated her pain without medications as 8/10. Exam of the feet revealed that movements were painful with inversion/eversion. There was tenderness to palpation over the feet. Authorization was requested for one pair of athletic shoes with orthotic insoles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pair of athletic shoes with orthotic insoles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

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

Decision rationale: ACOEM Chapter 14 recommends orthotics as an option to treat foot pain. Orthotics have been approved. Soft orthotics are reportedly more comfortable. However, the request does not address the whether a rigid or soft orthotic is requested. A request for athletic shoes is also provided. The guidelines do not specifically recommend athletic shoes to treat foot pain. Presumably, individuals wear shoes on a regular basis and orthotics can be inserted into these shoes. The request does not specify any requirements for the shoe such as the sole type, heel counter or other characteristics that are needed for an anatomic issue of the foot. This request for an athletic shoes is not medically necessary. There is no requirement that a shoe be included with the use of an orthotic.