

Case Number:	CM15-0075175		
Date Assigned:	04/27/2015	Date of Injury:	11/12/2010
Decision Date:	05/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, 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 applicant is a represented 46-year-old who has filed a claim for chronic low back, ankle pain, foot pain, arm pain, and finger pain reportedly associated with industrial injury of November 12, 2000. In a Utilization Review report dated April 13, 2015, the claims administrator failed to approve a request for custom molded shoes. A March 15, 2015 RFA form was referenced in the determination, as were non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. On March 13, 2015, the applicant reported ongoing complaints of ankle, foot, low back pain, 2 to 5/10. Ambulation remains problematic, the treating provider reported. The applicant was using Norco for pain relief. The applicant did have derivative complaints of anxiety. A pair of orthotics and new pair of custom molded shoes were endorsed. The applicant was asked to remain off of work, on permanent disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pair of custom molded shoes QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: No, the request for a pair of custom molded shoes was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370 does recommend soft, white shoes in applicants with hallux valgus, Air soles shoes in applicants with heel spurs and/or soft, supportive shoes in applicants with plantar fasciitis. In this case, however, it was not clearly stated for what issue and/or diagnosis the applicant needed custom molded shoes. It was not stated why soft, supportive shoes, as suggested by ACOEM, would not suffice here. It was further noted that the applicant had already received a previous pair of custom molded shoes in question, the attending provider reported on March 13, 2015. The previously provided shoes, did not, however, generate lasting benefit or functional improvement in terms of the parameters establish in MTUS 9792.20e. The applicant remained off of work, on permanent disability, the treating provider reported on March 13, 2015. Ambulating remained problematic. The applicant remained dependent on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f despite earlier receipt of a previous pair of the custom molded shoes in question. Therefore, the request was not medically necessary.