

Case Number:	CM15-0092207		
Date Assigned:	05/18/2015	Date of Injury:	10/09/2012
Decision Date:	06/22/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44-year-old, male who sustained a work related injury on 10/9/12. A large beam fell on top of his right ankle. The diagnoses have included early post-traumatic subtalar arthritis, early post-traumatic calcaneocuboid arthritis, early post-traumatic fourth and fifth tarsometatarsal arthritis, consolidated fourth and fifth metatarsal fractures, consolidated is calcis fracture, consolidated cuboid fracture and right foot crush injury. Treatments have included medications, physical therapy and TENS unit therapy. In the PR-2 dated 4/15/15, the injured worker complains of right foot pain. He has obtained significant relief from use of TENS unit during physical therapy sessions. He has a shortened, antalgic, apropulsive gait with right leg. He may have a slightly reduced subtalar joint range of motion on the right. He has tenderness over the calcaneocuboid and fourth and fifth tarsometatarsal areas. The treatment plan includes requests for authorization for a TENS unit and for motion control rocker bottom shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Motion control rocker bottom shoes: 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) knee/leg chapter, knee arthritis website https://en.wikipedia.org/wiki/Rocker_bottom_shoe.

Decision rationale: This patient presents with chronic foot and ankle pain. The current request is for 1 Motion control rocker bottom shoes. The Request for Authorization is dated 04/15/15. Treatments have included medications, physical therapy and TENS unit. The patient is currently not working. The ACOEM, MTUS and ODG does not specifically discussion motion control rocker shoes. According to https://en.wikipedia.org/wiki/Rocker_bottom_shoe, "A rocker sole shoe or rocker bottom shoe is a shoe which has a thicker-than-normal sole with rounded heel. Such shoes ensure the wearer does not have flat footing along the proximal-distal axis of the foot. The shoes are generically known by a variety of names including round bottom shoes, [1] round/ed sole shoes, [2] and toning shoes, [3] but also by various brand names. [4] Tyrell & Carter identified at least six standard variations of the rocker sole shoe and named them: toe-only rocker, rocker bar, mild rocker, heel-to-toe rocker, negative heel rocker and double rocker." The ODG Guidelines under the knee/leg chapter discusses footwear, knee arthritis. ODG states, "Recommended as an option for patients with knee arthritis. Recommend thin-soled flat walking shoes (or even flip-flops or walking barefoot). Recommend lateral wedge insoles in mild OA but not advanced stages of OA. Specialized footwear can effectively reduce joint loads in subjects with knee arthritis, compared with self-chosen shoes and control-walking shoes." According to progress report 04/15/15, the patient has a shortened antalgic gait on the right, with slightly reduced subtalar joint motion and tenderness over the calcaneocuboid and 4th/5th tarsometatarsal area. The patient reported that he had 4 sessions of physical therapy and used a TENS unit during therapy. He reported TENS unit for him was "quite helpful." The treating physician recommended physical therapy, a TENS unit and a motion control rocker bottom shoes. Although "footwear" is discussed by ODG Guidelines, there is no discussion of specific "motion control rocker bottom shoes." There is no discussion that the patient has osteoarthritis of the knee for which specialized footwear may be indicated. In addition, ODG Guidelines under its knee/leg chapter discusses Durable Medical Equipment and states that for an equipment to be considered a medical treatment it needs to be used primarily and customary for medical purposes. It generally is not useful to a person in the absence of illness or injury. None of the guidelines support the requested specialized shoes; therefore this request IS NOT medically necessary.

1 TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

Decision rationale: This patient presents with chronic foot and ankle pain. The current request is for 1 TENS unit. The Request for Authorization is dated 04/15/15. Treatments have included medications, physical therapy and TENS unit. The patient is currently not working. Per MTUS

Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. According to progress report 04/15/15, the patient has a shortened antalgic gait on the right, with slightly reduced subtalar joint motion and tenderness over the calcaneocuboid and 4th/5th tarsometatarsal area. The patient reported that he had 4 sessions of physical therapy and used a TENS unit during therapy. He reported TENS unit for him was "quite helpful." The treating physician recommended physical therapy, a TENS unit and a motion control rocker bottom shoes. Review of physical therapy progress note dated 03/11/15 states under "today's treatment- TENS- MC/WC 10 minutes." Under assessment, it was noted that the patient's functional status has improved and he is progressing towards goals. In this case, the medical records report functional improvement with prior use, but recommendation cannot be made, as the patient does not meet the indications as discussed above for the use of a TENS unit. This request IS NOT medically necessary.