

Case Number:	CM15-0093239		
Date Assigned:	05/20/2015	Date of Injury:	07/21/1997
Decision Date:	06/19/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/15/2015

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

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 July 21, 1997. She reported bilateral foot pain. The injured worker was diagnosed as having pain in the lower extremity, bilateral feet. Treatment to date has included diagnostic studies, medication use and work restrictions. Currently, the injured worker complains of continued bilateral feet pain. The injured worker reported an industrial injury in 1997, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 5, 2014, revealed continued bilateral feet pain. It was noted she had a beneficial response to previous use of athletic shoes and orthopedic insole although required the use of pain medications daily. She noted her pain decreased from 8 on a 1-10 scale, 10 being the worse, to a 3 with the use of orthotics and medications. Athletic shoes and orthopedic insoles were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of athletic shoes with orthotic insoles: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-376.

Decision rationale: Regarding the request for athletic shoes with orthotic insoles, CA MTUS and ACOEM support the use of orthotic devices for patients with plantar fasciitis and metatarsalgia. Within the medical information made available for review, there is no documentation of a condition for which these devices would be supported. Furthermore, while there is mention of pain relief with prior use, there is no clear indication of objective functional improvement. In the absence of clarity regarding the above issues, the current request for athletic shoes with orthotic insoles are not medically necessary.