

<b>Case Number:</b>	CM15-0095323		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Emergency 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 51-year-old male with an industrial injury dated 05/27/2009. His diagnoses included neuropathy, lower extremity and Achilles bursitis or tendinitis. Prior treatments included left tarsal tunnel release, posterior tibial tendon repair and 2nd toe lesser tendon transfer on 07/24/2013, non-steroidal anti-inflammatory drugs (no improvement) injection (no improvement), therapy (mild improvement), bracing (mild improvement) and surgery (no improvement). He presents on 01/15/2015 (most recent record submitted) with complaints of left knee pain and left ankle and foot pain. Physical exam revealed tenderness with decreased range of motion of the left knee. There was tenderness in left ankle with normal range of motion. Medications included Opana ER and Lidoderm patch. The injured worker was off work from 01/15/2015 thorough 02/17/2015. This request is for [REDACTED] orthopedic shoes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **orthopedic shoes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 396-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle & Foot (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (Acute & Chronic) (updated 03/31/14) Footwear, knee arthritis.

**Decision rationale:** The requested [REDACTED] orthopedic shoes, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) is silent on this specific issue. Official Disability Guidelines Knee & Leg (Acute & Chronic) (updated 03/31/14) Footwear, knee arthritis noted: "Recommended as an option for patients with knee osteoarthritis". The injured worker has left knee pain and left ankle and foot pain. Physical exam revealed tenderness with decreased range of motion of the left knee. There was tenderness in left ankle with normal range of motion. The treating physician has documented symptomatic relief from orthotics, but does not sufficiently document the medical necessity for orthopedic shoes in addition to orthotics and has not documented the presence of knee osteoarthritis. The criteria noted above not having been met, [REDACTED] orthopedic shoes is not medically necessary.