MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/19/2013

IMR Case Number:	CM13-0010098	**Date of Injury:**	12/12/2005
Claims Number:	[redacted]	**UR Denial Date:**	7/11/2013
Priority:	Standard	**Application Received:**	8/12/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:	DME: Purchase exercise shoes x 1 pair		

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A 63-year-old injured 12/12/2005. The claimant's most recent progress report is dated 06/18/2013 where she is noted to be with subjective complaints of right foot drop secondary to radicular/neuropathic symptoms from her lumbar spine noted to be improved from previous back surgery. She was also with multiple orthopedic complaints including shoulder pain, cervical pain, ankle sprains by history and previous lumbar L3 through L5 fusion surgery 11/2010. Physical examination findings noted tenderness to palpation over the Achilles tendon and subtalar joint with a prominent 5th metatarsal base. Radiographs taken at that date were noted to be "normal." She was diagnosed with a foot drop, likely secondary to radicular symptoms from her lumbar procedure. In that regard, she was recommended continuation of formal physical therapy as well as request for a "pair of exercise shoes" with treating physician stating she needed a "break in her orthotics." She was seen on that date by [redacted] MD.

IMR DECISION(S) AND RATIONALE(S)

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

1. One (1) pair of exercise shoes is not medically necessary and appropriate.

The Claims Administrator based its decision on the ODG Guidelines: Ankle foot orthosis, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee Chapter, Shoes; and ODG, Ankle Chapter, Ankle Foot Orthosis.

The Physician Reviewer's decision rationale:
California MTUS and ACOEM Guidelines are silent regarding athletic shoe use. When looking at ODG criteria, special footwear is only recommended "as an option for knee osteoarthritis." In regards to foot drop, guidelines would support the role of ASO bracing. The specific role or indication of shoe wear, however, is not supported. This would ultimately come down to a personal preference or lifestyle decision on the employee's comfort. Multiple personal and individual decisions could go into something as simple as choosing footwear for athletic use. ODG criteria would not support the role of specific exercise footwear in any setting. The specific request in this case would not be supported by the employee's current physical examination findings, history of prior foot drop from lumbar procedure, or physical exam findings at present. **The request for one (1) pair of exercise shoes is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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