

<b>Case Number:</b>	CM14-0156839		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

This 49-year-old male sustained an industrial injury on 8/27/11. Injury occurred when he was kicked by a cow in his right knee. He underwent a pes cavus reconstruction and peroneal tendon repair on 3/27/14. Records indicated that the patient had attended 26 post-op physical therapy visits. The 8/20/14 treating physician report cited continued bilateral knee pain, worse on the left. He was still having difficulty walking in a regular shoe. He was in a CAM boot and using a knee walker. He reported that when he put weight in a regular shoe it hurt with ankle and midfoot dorsiflexion. Physical exam documented a shortened, antalgic, and apropulsive gait on the left. The arch looked good and incisions were well-healed. He was unable to really toe-off the left leg. X-rays showed a consolidated lateral displacement calcaneal osteotomy and consolidated dorsiflexion closing wedge osteotomy of the first metatarsal. The treatment plan recommended physical therapy for strengthening, range of motion, proprioception and gait training. He was to gradually wean himself out of a boot into a regular shoe, particularly around the house. He was instructed to walk more and get rid of the knee walker entirely. The 9/10/14 utilization review denied the request for an Even-up foot balance support as the patient was to be weaning out of the CAM walker boot and would not require this orthotic with a regular shoe. The 9/23/14 physical therapy progress report indicated that the patient had difficulty walking more than one hour in the boot and more than 5 minutes without it. He was unable to move the small toe on the left foot. Left ankle pain was reported grade 1 to 4/10. Physical exam documented antalgic gait lacking proper heel strike/toe off with shortened stride length. The patient was apprehensive with weight bearing and had decreased terminal stance time. He was continuing to use the CAM walking boot. There was marked loss of left ankle dorsiflexion and moderate loss of eversion. Muscle testing documented 4-/5 eversion, 4/5 plantar flexion and inversion, and 4+/5 dorsiflexion strength. There was lateral dorsal foot numbness and mild global foot effusion.

Balance and single limb proprioception were poor. The therapist noted decreased functional mobility tolerance secondary to decreased muscle endurance/stability as a result of prolonged immobilization.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Evenup foot balance support:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), DME

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Cast (immobilization)

**Decision rationale:** The California MTUS guidelines indicate that activities and postures that increase stress on a structurally damaged ankle or foot should be corrected if possible. The Official Disability Guidelines state that for patients with temporary artificial functional limb length discrepancy (LLD) sequelae from use of a CAM immobilization device, a temporary lift (eg, a device designed to attach to the contralateral shoe to compensate for the boot-induced functional LLD) can produce a more normal gait by eliminating the functional LLD and avoiding the symptoms commonly associated with a LLD. Guideline criteria have been met. The patient is tolerating only 5 minutes of walking without the CAM boot which allows for household ambulation. The use of the Even-up foot balance support is reasonable to allow for increasing community ambulation and to normalize gait while using the boot. Therefore, this request is medically necessary.