

<b>Case Number:</b>	CM14-0055486		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Podiatric surgery and is licensed to practice in New York. 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:

According to the enclosed information, this patient injured himself originally at work on 9/12/2011. On 2/25/2014 this patient was seen by his physician with continued complaints of left ankle pain. The pain appears severe he can only walk short distances. The patient has had multiple surgical procedures to his left foot and ankle. When wearing his CAM Walker he is much better. The objective findings state multiple post traumatic residuals involving the left ankle. There is tenderness upon palpation to the left ankle. X-rays taken that day, reveal an incomplete union of the tibial talocalcaneal joints. Retained implants are noted. Diagnoses include: status post complex left ankle fracture, status post multiple procedures, left ankle and foot, chronic pain, and difficulty walking. An Arizona brace was recommended by this physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brace fit shoe (Orthopedic Med shoe):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG, Ankle.

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

**Decision rationale:** The MTUS guidelines state that supportive shoes may be used for the treatment of plantar fasciitis. This patient does not have a diagnosis of plantar fasciitis. After careful review of the enclosed information and the MTUS guidelines for this case, it is my decision that a Brace Fit Shoe (Orthopedic Med Shoe) is not medically necessary.

**AFO (ankle foot orthosis) brace (done in office):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, AFO treatment for the ankle and foot.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) AFO treatment for the ankle and foot.

**Decision rationale:** The ODG guidelines state that AFO's are acceptable for treatment of foot drop. This patient does not have a diagnosis of foot drop. Furthermore, the ODG guidelines state that an AFO is not recommended in the absence of a clearly unstable joint. There is no documentation noting that this joint is unstable. After careful review of the enclosed information and the pertinent ODG and MTUS guidelines, it is the decision that an AFO brace (done in office) is not medically necessary.