

<b>Case Number:</b>	CM14-0181259		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Family Medicine, 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:

The injured worker is a 40-year-old male who sustained an industrial injury 05/03/12 to the right foot and ankle when he fell 24 feet off scaffolding onto the dirt, landing on his feet. Primary treating physician report dated 04/15/14, noted the patient has lower back, right ankle pain, and he is receiving physical therapy for his right ankle. Diagnoses were 1) Chronic lumbar back pain, status post L4 burst fracture, 05/03/12. 2) Chronic right ankle pain, status post Lisfranc fracture of the right foot with open reduction and internal fixation of the right foot 03/21/13, with repeat surgery 01/21/14, and is still receiving physical therapy. 3) Abnormal bone scan 08/01/12, showing increased labeling of the inferior pubic ramus at the L4 vertebral body inferior end plate with increased labeling throughout the entire hemipelvic/iliac region. 4) Status post left shoulder sprain of unknown etiology. 5) History of right calcaneal pain. 6) Probable left plantar fasciitis. Treatment recommendations included physical therapy to the right foot and ankle. Worker was evaluated 06/20/14, post arthroscopy and ligament reconstruction. He has completed his second round of physical therapy but continues to have pain along the lateral aspect of the ankle that is more painful with prolonged activity. He reported that he is improved over the last visit, but the pain is still enough to cause him to limp and rest when present. Upon physician examination, he had continued right ankle pain, post arthroscopy and ligament and stabilization. Treatment recommendations included possibly a corticosteroid injection and custom orthotics may benefit to help stabilize the foot during gait. Worker was evaluated 07/08/14 with similar subjective and objective findings. Physician recommended "some orthotics," but documentation did not support what type of custom orthotics and/or the rationale for the right foot/ankle orthotic. The worker complained of a new onset of numbness between the third and fourth toes of the right foot. Stated he noted a feeling of walking on a "balled up sock" between the toes. Upon physician examination, there was pain with palpation of the distal third

interspace of the right foot, with Mulder's click. The physician's assessment at this visit was a symptomatic right ankle, post limit reconstruction and Lisfranc arthrodesis, Morton's neuroma.

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

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

**Orthotics:** 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) Ankle Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 1114-1115, 1140, 1316-1317 and 1377, Chronic Pain Treatment Guidelines CAMTUS Part 2 - Pain Interventions and Treatments Page(s): 370-372 and 376, Postsurgical Treatment Guidelines Page(s): 4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), orthotic, per ODG website

**Decision rationale:** Guidelines state that activities and postures that increase stress on a structurally damaged ankle or foot tend to aggravate symptoms. They subsequently recommend correcting the undesirable correlated compensatory motions and postures if possible. Weight bearing with orthotics often returns function toward normal very quickly. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require custom orthosis for long-term pain control. The request for orthotics are reasonable for this patient with a symptomatic right ankle, post limit reconstruction and Lisfranc arthrodesis, as well as new onset Morton's neuroma who continues to have pain after surgery. The reason the request was made was because orthotics may benefit to help stabilize the foot during gait. Therefore, this request is medically necessary.