

<b>Case Number:</b>	CM14-0189645		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 23 year old patient with a date of injury of 06/19/2014. Medical records indicate that the patient is undergoing treatment for medial and lateral right ankle sprain and neuritis right ankle. Subjective complaints include pain in both ankles laterally and medially. Objective findings include tenderness posterior to the medial malleolus and just below it, no significant swelling, foot exam was normal. MRI on 08/20/2014 showed: Grade 2-3 sprain of the anterior talofibular ligament with evidence of grade 2 sprain of the calcaneofibular ligament. No evidence of complete ligamentous disruption. Grade 1 sprain of the anterior tibiofibular ligament suspected. Grade 1 sprain of the deep layer of the deltoid ligament. No evidence of Achilles tendon disruption. Mild peri-tendinitis along the medial margin of the mid tendon canal excluded. Mild peroneus longus and brevis tendinosis. Subchondral edema in the posterior medial talus at the posterior subtalar articulation as well as in the dorsal mid-navicular. No evidence of a discrete fracture focal osteochondral lesion. Treatment has consisted of physical therapy, ankle brace, CAM boot and crutches. Medications have included Norco and Motrin. The utilization review determination was rendered on 11/03/2014 recommending non-certification of custom orthotics and casting for impression to the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom orthotics:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-384. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Bracing (immobilization)

**Decision rationale:** The ACOEM Practice Guidelines states, "Careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Putting joints at rest in a brace or splint should be for as short a time as possible." The ACOEM guidelines additionally states, "For acute injuries, immobilization and weight bearing as tolerated; taping or bracing later to avoid exacerbation or for prevention (C) For acute swelling, rest and elevation (D) For appropriate diagnoses, rigid orthotics, metatarsal bars, heel donut, toe separator (C)." The D and C designation by ACOEM means that the evidence based medicine is weak to support immobilization. Official Disability Guidelines states, "Not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function." Additionally, Official Disability Guidelines states "Recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. See also Prostheses (artificial limb). Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, and heel spur syndrome). (Thomas, 2010) Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day." While the treating physician documents ankle pain and tenderness of the ankle, there is no documentation of red flag diagnoses based on physical exam or diagnostic imaging. As such, the request for custom orthotics is not medically necessary.

**Casting for impression to the right ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter ankle/foot, web edition

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-384. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Bracing (immobilization)

**Decision rationale:** The ACOEM Practice Guidelines states, "Careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Putting joints at rest in a brace or splint should be for as short a time as possible." The ACOEM guidelines additionally states, "For acute injuries, immobilization and weight bearing as tolerated; taping or bracing later to avoid exacerbation or for prevention (C) For acute swelling, rest and elevation (D) For appropriate diagnoses, rigid orthotics, metatarsal bars, heel donut, toe separator (C)." The D and C designation by ACOEM means that the evidence based medicine is

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