

<b>Case Number:</b>	CM14-0201197		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	06/23/1997
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Practice, and is licensed to practice in Ohio. 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 54 year old male with a date of injury 6/23/1997. The injury worker fell off of a wall and acquired a severe crush injury of the left ankle and foot. The injured workers diagnosis was ankle crush, traumatic arthritis, neuropathy, plantar fasciitis, collapsing subtalar joint, swelling of ankle and foot, antalgic gait, strain of left hip, knee and back, s/p closed reduction and case immobilization treatment of calcaneus fracture of left ankle. The injured worker received splints, orthotics, ankle braces, physical therapy, injections, H-wave ultrasound, x-rays, Unna boot and medication therapy. The follow up visit with MD on 1/24/14 noted the injured worker continued with pain of ankle and heel. The injured worker was instructed to continue with current treatments and continue with supportive brace and orthotics, and lift and cam walker as needed. The injured worker is noted to have substantial subtalar arthritis and has been using an ankle brace in conjunction with stretching and exercise in lieu of surgery. On 11/20/2014 Utilization review non-certified (1) ankle brace ACOEM and ODG Ankle and Foot, the injured worker is not a candidate for the use of an ankle brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 ankle brace (DOS: 4/22/14):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 371 and 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Huang YC, Harbst K, Kotajarvi B, Hansen D, Koff MF, Kitaoka HB, Kaufman KR. Effects of ankle-foot orthoses on ankle and foot kinematics in patient with ankle osteoarthritis. Arch Phys Med Rehabil. 2006 May;87(5):710-6.

**Decision rationale:** When patients have ankle osteoarthritis, although there is some indication in the literature that foot orthoses can reduce pain in patients with ankle OA, most evidence points toward the need to limit ankle joint motion in order to most significantly reduce pain. This requires the use of an AFO that crosses the ankle joint and allows little or no ankle joint motion. The CA MTUS guidelines, for appropriate diagnoses, support the use of rigid orthotics, metatarsal bars, heel donut, or toe separator. In this instance, the injured worker has substantial subtalar arthritis. Surgery in the form of an ankle fusion has been recommended but there is support from the guidelines for use of rigid orthotics for appropriate diagnoses. The use of ankle bracing for subtalar arthritis is supported by the available literature; therefore, an ankle brace for date of service of 4-22-2014 is medically necessary.