

<b>Case Number:</b>	CM15-0004181		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

### 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 (IW) is a 30 year old female, who sustained an industrial injury on December 27, 2012. She has reported double vision of the left eye, headaches, left hand pain and weakness and left ankle pain and weakness, low back pain and cognitive and neurological deficits and was diagnosed with closed head injury, post-concussion syndrome, left temporomandibular joint syndrome, left forearm injury and left angle fracture with left Achilles tendonitis, left wrist tendinitis, lateral ligament injury of the left ankle and left Achilles tendon injury. Treatment to date has included physical therapy, steroid injections, diagnostic studies, radiographic imaging and pain medications. Currently, the IW complains of double vision of the left eye, headaches, left hand pain and weakness and left ankle pain and weakness, low back pain. The IW reported falling more than 10 feet from a train and landing on the face and left side of the body. On May 5, 2014, the pain continued as well as double vision in the left eye, pain in the neck, back and lower extremities, left ear ringing and cognitive difficulties. Psychological evaluation revealed mood disturbances and sleep disorders associated with the accident. It was noted on July 9, 2014, she continued to have left ankle pain following the completion of physical therapy. However she noted some improvement in pain and range of motion. She continued to complain of left ankle pain and decreased range of motion. On December 10, 2014, Utilization Review non-certified a request for a Left Ankle-Foot Custom Orthosis (AFO) to Include Dorsiflexion and Plantar Flexion Assist/Resist, noting the MTUS and ACOEM guidelines, were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of requested Left Ankle-Foot Custom Orthosis (AFO) to Include Dorsiflexion and Plantar Flexion Assist/Resist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left Ankle-Foot Custom Orthosis (AFO) to Include Dorsiflexion and Plantar Flexion Assist/Resist,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG, Ankle and Foot, Orthotic Devices, Ankle foot orthosis (AFO)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371. Decision based on Non-MTUS Citation Ankle and Foot section, Orthotic devices

**Decision rationale:** The MTUS ACOEM Guidelines state that ridged orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The ODG states that orthotic devices are recommended for plantar fasciitis, heel spur syndrome, plantar fasciosis, and foot pain in rheumatoid arthritis. Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods as heel pads and stretching exercises are associated with better outcomes than custom orthoses. A prefabricated shoe insert is more likely to produce improvement in symptoms of plantar fasciitis when used in conjunction with a stretching program than using custom orthoses. Semi-rigid foot orthotics appear to be more effective than supportive shoes worn alone or worn with soft orthoses for metatarsalgia. It is recommended to trial a prefabricated orthotic insert before considering a custom orthotic. Bilateral orthotic are not recommended to treat unilateral ankle-foot problems. In the case of this worker, there was no clear indication for the specific brace requested. Her physical findings included ability to stand on toes and heels without difficulty, active dorsiflexion without pain, and essentially no instability of the left and right ankles/feet. She did, however, have pes planus of both feet. The use of an orthotic, may even reverse the benefits she had gained from the physical therapy. If an orthosis is still considered, a prefabricated orthotic may still be helpful for her pes planus. However, the Left Ankle-Foot Custom Orthosis (AFO) to Include Dorsiflexion and Plantar Flexion Assist/Resist will be considered medically unnecessary, based on the evidence provided for review.