

Case Number:	CM15-0102084		
Date Assigned:	06/08/2015	Date of Injury:	03/11/2014
Decision Date:	07/08/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/27/2015

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 York
 Certification(s)/Specialty: Podiatrist

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 49 year old male sustained an industrial injury to the left ankle on 3/11/14. Previous treatment included magnetic resonance imaging, physical therapy (12 sessions) and medications. In a worker's compensation and medical evaluation and treatment recommendation report date 4/2/15, the injured worker complained of moderate intermittent pain and swelling in the left ankle. The injured worker reported having a sense of weakness in the ankle where it felt as if the ankle would twist easily. The injured worker reported having difficulty descending stairs and having to curtail activities of daily living and recreational activities. Physical exam was remarkable for left ankle with pain on passive ankle and hind foot inversion, full range of motion, and 2/3 pulses bilaterally. Current diagnoses included lateral ankle instability for a previous left ankle sprain. The physician recommended additional six to twelve sessions of physical therapy, a custom AFO device, a molded inner boot, a custom molded lacer and additional diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

AFO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Ankle & Foot Procedure Summary (online version), Ankle foot orthosis (AFO).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot, AFO.

Decision rationale: After careful review of the enclosed information and the pertinent ODG guidelines for this case, it is my feeling that the request for an AFO is not medically reasonable or necessary according to the guidelines. ODG guidelines state that AFO's are recommended for treatment of foot drop. After review of the medical information provided, there is no evidence of foot drop. The medical information provided does advise that this patient is suffering with lateral ankle instability, negative for fracture. Range of motion appears to be within normal limits and non-tender ankle and subtalar joint. The request is not medically necessary.

Molded inner boot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Ankle & Foot Procedure Summary (online version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot / AFO.

Decision rationale: After careful review of the enclosed information and the pertinent ODG guidelines for this case, it is my feeling that the request for a molded inner boot is not medically reasonable or necessary according to the guidelines. ODG guidelines state that AFO's are recommended for treatment of foot drop. A molded inner boot can be considered a part of an AFO, which in this case is not recommended. After review of the medical information provided, there is no evidence of foot drop. The medical information provided does advise that this patient is suffering with lateral ankle instability, negative for fracture. Range of motion appears to be within normal limits and non-tender ankle and subtalar joint. MTUS guidelines state that custom orthotics are recommended for plantar fasciitis and metatarsalgia, neither of which this patient is diagnosed with. The request is not medically necessary.

Custom molded lacer: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Ankle & Foot Procedure Summary (online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot / AFO and Ritchie brace.

Decision rationale: After careful review of the enclosed information and the pertinent ODG guidelines for this case, it is my feeling that the request for a Ritchie brace is not medically reasonable or necessary according to the guidelines. ODG guidelines state that a Ritchie brace (custom molded lacer) is recommended only in the event of a clearly unstable joint. After review of the medical information provided, there is no evidence of a clearly unstable ankle or subtalar joint. The medical information provided does advise that this patient is suffering with lateral ankle instability, negative for fracture. Range of motion appears to be within normal limits and non-tender ankle and subtalar joint. The request is not medically necessary.

Continued physical therapy 6-12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Ankle & Foot Procedure Summary (online version), Physical therapy guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Procedure summary, ankle and foot, pg 35, physical therapy.

Decision rationale: After careful review of the enclosed information and the pertinent ODG guidelines for this case, it is my feeling that the request for continued PT 6-12 sessions is not medically reasonable or necessary according to the guidelines. ODG guidelines state that PT for an ankle sprain may include 9 visits over 8 weeks. PT must allow for fading treatment frequency with active self-directed home PT. According to the enclosed progress notes this patient has already undergone nine visits of physical therapy for his ankle sprain with some resolution of pain, but not complete. The guidelines do not recommend continued physical therapy. The request is not medically necessary.