

<b>Case Number:</b>	CM15-0106467		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 39 year old male who sustained an industrial injury on 11/13/2013. Current diagnoses include forced hyperextension injury, left foot with Lisfranc fracture dislocation with subsequent surgical repair, assess for post traumatic arthritic changes and occult fractures, Lisfranc joint, left foot, and lateral instability, left knee. Previous treatments included medications, left foot surgery, physical therapy, and AFO brace. Previous diagnostic studies include left foot and ankle x-rays. Initial injuries sustained included the immediate pain and swelling in the left foot. Report dated 04/30/2015 noted that the injured worker presented with complaints that included continued left foot, and left knee pain. Pain level was 5 out of 10 (left foot) and 5 out of 10 (left knee) on a visual analog scale (VAS). Physical examination was positive for left foot edema, hyperpigmentation in the left foot, moderate tenderness in the Lisfranc joint with limited range of motion, left knee moderate tenderness, 2+ instability in the lateral collateral ligament, mild crepitus in the left knee, decreased sensation in the left foot, and antalgic gait. The treatment plan included requests for authorization for Naprosyn, Prilosec, and one orthotic for the right foot, continue use of hinge brace AFO for the left, reviewed CT scan of the left foot, and follow up in one month. Disputed treatments include 1 orthotic for the right foot to balance out gait and limb length.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotic for The Right Foot to Balance Out Gait and Limb Length: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Ankle and Foot: Orthotic Devices ODG: Ankle and Foot: Limb length temporary adjustment device.

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, single limb "orthotic devices" referred to similar criteria to "limb length temporary adjustment device" heading. ODG recommends a heel lift or other device to even out limb length disparity. Patient has left ankle/foot instability and deformity from injury. The right foot has not documented injury and therefore does not require any special orthotics. A basic lift, which is over the counter, may be recommended to even out gait anomaly due to left foot deformity but an orthotic is not medically necessary.