

<b>Case Number:</b>	CM15-0184359		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	01/13/2006
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 year old male, who sustained an industrial injury on 1-13-2006. The injured worker is undergoing treatment for: status post twisting injury of left foot and ankle, with development of post-traumatic arthrofibrosis with lateral impingement lesion, status post arthroscopic debridement of the left ankle with residuals. On 2-19-2013, he reported left ankle pain rated 2-3 out of 10 at rest and 4-5 out of 10 with repetitive weight bearing activities. On 6-3-15, he reported continued pain of the left foot and ankle rated 1-2 out of 10 at rest and 3-4 out of 10 with activity. There is notation of the pain being rated 7-8 out of 10 prior to surgery and use of a hinged brace. Physical examination noted edema to the left ankle with tenderness and decreased range of motion and muscle weakness; deep tendon reflexes to the knee and ankle are decreased and the plantar response is flexor. He is reported to have a perceptible limp and shortened stride on the left, excessive pronation with mid-foot and subtalar joint instability. He is reported as not utilizing assistive devices. On 7-1-15, his pain is rated 1-2 out of 10 at rest, and 3-4 out of 10 with activity. The provider requested replacement orthotics due to the current ones being "worn out and ineffective". On 8-12-2015, he is reported as utilizing a hinged brace while not at work and orthotics at work. The provider noted that the hinged brace stirrups are reported as hurting his ankle when working and the brace is cumbersome at work. The treatment and diagnostic testing to date has included: left ankle surgery (date unclear), home exercise program, ice, non-steroidal anti-inflammatory drugs. Current work status: permanent and stationary. The request for authorization is for: purchase of one pair of motion control orthotics with top covers, L3000 xs 2, L3001 xs 2 for the left ankle. The UR dated 8-27-2015: non-certified the request for the purchase of one pair of motion control orthotics with top covers, L3000 xs 2, L3001 xs 2 for the left ankle.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One pair of motion control orthotics with top covers, L3000 xs 2, L3001 xs 2 for the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter under Orthotics Knee & Leg Chapter under Insoles.

**Decision rationale:** The patient presents with increasing pain in his left foot. The request is for one pair of motion control orthotics with top covers, L3000 XS 2, L3001 XS 2 for the left ankle. The request for authorization is dated 08/14/15. The patient is status post arthroscopic debridement, left ankle, with chronic left ankle arthralgia. Physical examination reveals 1-2+ edema is noted to his left ankle with moderate tenderness and decreased range of motion. He has excessive pronation throughout the entire stance phase, with mid-foot subtalar joint instability. He will continue with his home exercise program and continue using NSAIDs and ice. Per progress report dated 08/13/15, the patient is permanent and stationary. MTUS/ACOEM chapter 14, Ankle and Foot Complaints, Physical methods, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG-TWC, Ankle and Foot Chapter under Orthotics states: "both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthosis 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 and people who stand for more than 8 hours per day." ODG-TWC, Knee & Leg Chapter under Insoles states: "Recommended as an option. Recommend lateral wedge insoles in mild OA but not advanced stages of OA." Per progress report dated 07/01/15, treater's reason for the request is "his current orthotics are worn out and completely ineffective." ACOEM and ODG Guidelines support orthotics for plantar fasciitis and plantar heel pain, which this patient does not present with. The patient is diagnosed with left foot and ankle instability. Therefore, the request IS NOT medically necessary.