

<b>Case Number:</b>	CM15-0193914		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	10/19/2005
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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, 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:

The injured worker is a 60-year-old female, who sustained an industrial-work injury on 10-19-05. She reported initial complaints of pain with right ankle injury. The injured worker was diagnosed as having right foot and right ankle contusion. Treatment to date has included medication, rest, and physical therapy. MRI results were reported on 6-11-15 of the right ankle that reported mild grade sprain of the deep fibers of the deltoid ligament complex, moderate osteoarthritic changes in the medial cuneonavicular joint. X-rays were reported to be unremarkable. Currently, the injured worker complains of increased pain and swelling in the right ankle. Per the primary physician's progress report (PR-2) on 8-27-15, exam noted mild edema lateral ankle, tenderness over the ATF laterally and calcaneal fibular ligament, pain with direct palpation and inversion right ankle subtalar joint. A prefabricated splint was dispensed. Current plan of care includes an orthotic. The Request for Authorization requested service to include Orthotics with Splint Application x 2 Right Ankle. The Utilization Review on 9-10-15 denied the request for Orthotics with Splint Application x 2 Right Ankle, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Ankle and Foot Complaints 2004.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotics with Splint Application x 2 Right Ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, 2015, Ankle & Foot, Ankle foot orthosis, Orthotic devices.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Initial Care, Physical Methods, Activity Alteration, Work Activities, Follow-up Visits, Special Studies.

**Decision rationale:** Applicable MTUS guidelines do not support the application of bilateral lower extremity orthosis for the treatment of a unilateral condition. The injured worker is under treatment for a right sided sprain disorder. The injured worker's original industrial injury was described as a compressed right ankle. Recent MRI findings identify a right side, deltoid, medial ankle sprain, which is not clinically identified as symptomatic. The injured worker's right, lateral ankle is symptomatic. Clinically the patient presents with the signs of a lateral ankle inversion sprain. The recent MRI could not visualize lateral ankle dyscrasia. There are many possible causes for the injured workers, difficulties and there is consequently a variety of treatment strategies. As treatment appears to be indicated to address a right lower extremity disorder, the disorder requires identification, the type of treatment be should explained, the reasons for the treatment, and the possible benefits of the treatment. The record provides no such assessment for this injured worker. The requested orthotics and splint x 2, right ankle is not certified as medically necessary.