

<b>Case Number:</b>	CM15-0206843		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 63-year-old male who sustained an industrial injury on 6-20-2013. A review of medical records indicates the injured worker is being treated for chronic right ankle sprain, right anterior ankle synovitis with impingement, right medial malleolar avulsion fracture, right tibial nerve irritation, improved, and status post right ankle arthroscopy and medial malleolar avulsion fracture fragment excision. Medical records dated 8-31-2015 noted persistent pain on the inside of his ankle, which was less frequent than before. There was increased burning pain and cramping from the ankle traveling down the inside and top of the foot to the big toe. Pain was rated a 7 out of 10. Pain had improved since the last visit. Physical examination noted tenderness to palpation immediately distal to the medial malleolus and immediately proximal to the lateral malleolus of the right ankle. Treatment has included Norco, Gabapentin, 12 sessions of physical therapy, injections, and 12 sessions of acupuncture treatment. Utilization review form noncertified custom molded high top boots right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom molded high-top boots (one pair) right ankle: 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), Ankle Chapter, Orthotic devices.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Physical examination noted tenderness to palpation immediately distal to the medial malleolus and immediately proximal to the lateral malleolus of the right ankle. History describes previous surgery. The medical records do not indicate presence of bone or joint instability. MTUS supports use of brace with documented osteoarthritis or joint instability. In the absence of these being demonstrated, MTUS guidelines do not support custom molded foot wear. Therefore, the request is not medically necessary.