

<b>Case Number:</b>	CM15-0031932		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	07/27/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: New York, Tennessee  
 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 45 year old male, who sustained an industrial injury on 7/27/09. He has reported losing his balance and landing on his left ankle while holding a tank lid. The diagnoses have included left ankle fracture status post surgery with residual chronic pain in the left ankle. Surgery has included status post left ankle Open Reduction and Internal Fixation (ORIF) on 7/29/09 and status post left ankle screw removal on 2/15/12. Treatment to date has included medications, surgery, diagnostics and injections. Currently, the injured worker complains of residual pain in the left ankle. The pain is rated 2/10 on the pain scale. The pain occurs when walking or standing too long or with weather changes. He does not like to take any pain medication as her is afraid of the side effects. Magnetic Resonance Imaging (MRI) of the left ankle dated 6/3/14 revealed healed fracture and successful re-alignment, degenerative changes, fragments of metal left behind after having removed the screws, and plantar calcaneal spur with origin of left plantar fascia. Physical exam revealed left foot dorsiflexion is limited due to pain. The injured worker will require ongoing care for the left ankle such as medications, relevant treatment, and surgical opinion from ankle specialist to see if any further surgical treatment is required. The treatment was for orthopedic consult, continue use of Methoderm topical cream as this has helped him to function and use less pain medication. On 2/17/15 Utilization Review non-certified a request for 1 soft interface for molded plastic, below knee section, 2 limited ankle motion, each joint, 1 ankle foot orthosis, plastic with ankle joint and 1 carbon graphite lamination, noting the (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines chapter 14 ankle and foot complaints and Official

Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Orthotic devices guidelines were cited.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **1 soft interface for molded plastic, below knee section: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Orthotic devices.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot, Orthotic Devices.

**Decision rationale:** The interface for molded plastic below the knee is part of an orthotic device. Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. Ankle foot orthosis is recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and, if necessary, push-off stimulation during the late stance phase. An AFO is helpful only if the foot can achieve plantigrade position when standing. Any equinus contracture prohibits its successful use. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. Prolonged supports or bracing are not recommended without exercise due of risk of debilitation. In this case the patient does not suffer from plantar fasciitis or footdrop. There is no indication for the use of orthotics. The request should not be authorized.

### **2 limited ankle motion, each joint: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Orthotic devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot, Orthotic Devices.

**Decision rationale:** This device is part of an orthotic device. Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. Ankle foot orthosis is recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic

recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and, if necessary, push-off stimulation during the late stance phase. An AFO is helpful only if the foot can achieve plantigrade position when standing. Any equinus contracture prohibits its successful use. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. Prolonged supports or bracing are not recommended without exercise due of risk of debilitation. In this case the patient does not suffer from plantar fasciitis or footdrop. There is no indication for the use of orthotics. The request should not be authorized.

**1 ankle foot orthosis, plastic with ankle joint: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Orthotic devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot, Orthotic Devices.

**Decision rationale:** The ankle foot orthosis an orthotic device. Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. Ankle foot orthosis is recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and, if necessary, push-off stimulation during the late stance phase. An AFO is helpful only if the foot can achieve plantigrade position when standing. Any equinus contracture prohibits its successful use. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. Prolonged supports or bracing are not recommended without exercise due of risk of debilitation. In this case the patient does not suffer from plantar fasciitis or footdrop. There is no indication for the use of orthotics. The request should not be authorized.

**1 carbon graphite lamination: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Orthotic devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot, Orthotic Devices.

**Decision rationale:** The carbon graphite lamination is part of an orthotic device. Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. Ankle foot orthosis is recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and, if necessary, push-off stimulation during the late stance phase. An AFO is helpful only if the foot can achieve plantigrade position when standing. Any equinus contracture prohibits its successful use. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. Prolonged supports or bracing are not recommended without exercise due of risk of debilitation. In this case the patient does not suffer from plantar fasciitis or footdrop. There is no indication for the use of orthotics. The request should not be authorized.