

<b>Case Number:</b>	CM15-0044408		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57 year old male who sustained an industrial injury on 01/22/2013. Current diagnoses include lateral ligament instability-right ankle, mild osteopenia-right ankle, and minimal degenerative joint disease of tibiotalar joint. Previous treatments included medication management, right ankle surgery, right ankle injection, physical therapy, and uses a cane for ambulation. Previous diagnostic studies included MRI of the right ankle and right foot. Report dated 10/29/2014 noted that the injured worker presented with complaints that included right ankle pain, swelling, and difficulty walking. Physical examination was positive for abnormal findings. The treatment plan included recommendation for lateral ligament reconstruction, increase ambulation and activities, and to start a program of liniment in order to heal the soft tissue. Disputed issue includes retrospective request splint for the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Splint (Orthosis) (DOS unspecified):** 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); Treatment Index, 11th Edition, 2014, Ankle & Foot, Orthotic devices.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370,371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot-Orthotic devices.

**Decision rationale:** Retro Splint (Orthosis) (DOS unspecified) is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. The MTUS ACOEM guidelines recommend night splints, as part of a treatment regimen for plantar fasciitis although the evidence is limited or as an option for a forefoot sprain. The documentation does not reveal a diagnosis of plantar fasciitis. The request as written does not indicate a body part for the splint. The request is not medically necessary.