

<b>Case Number:</b>	CM15-0048607		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, 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 38 year old male, who sustained an industrial injury on 2/18/2014. The mechanism of injury was not specified. The injured worker was diagnosed as having right foot and ankle contusion and grade 2/3 sprain/strain. Treatment to date has included magnetic resonance imaging of the right ankle 1/06/2015, transcutaneous electrical nerve stimulation unit, and home exercise program instruction. Currently, the injured worker complains right ankle pain and persistent pain and weakness in the right lower extremity. His gait was antalgic and he wore a CAM walker on the right. Exam of the right ankle noted diffuse swelling with associated tenderness to palpation, primarily over the sinus tarsi and mortise joint, as well as the lateral anterior talofibular and peronei tendons. Ranges of motion were restricted on dorsiflexion and plantar flexion secondary to pain. Current medication use was not documented. The treatment plan included a right ankle support, as well as orthotics for the right foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Ankle Support and Orthotics for the Right Foot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC 2014, Ankle/Foot, Bracing (Immobilization).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371.

**Decision rationale:** Regarding the request for Right Ankle Support and Orthotics for the Right Foot, CA MTUS and ACOEM note that rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Within the medical information made available for review, there is no documentation of a condition for which orthotics are supported by the guidelines or another clear rationale identifying the medical necessity of such treatment. In the absence of such documentation, the current request for Right Ankle Support and Orthotics for the Right Foot is not medically necessary.