

<b>Case Number:</b>	CM15-0050908		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, 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 16 year old female, who sustained an industrial injury on 04/17/2014. She reported that she sustained an injury to her left ankle secondary to a fall off of a skateboard onto a cement ramp. The injured worker was diagnosed as having status post knee surgery, closed fracture of unspecified part of the tibia, closed fracture of unspecified part of fibula, peroneal tendonitis, and pain. Treatment to date has included function assessment, therapy and above listed procedures. In a progress note dated 01/23/2015 the treating provider reports complaints of pain to the left foot and ankle that is rated a five to six out of ten and worsens with internal and external rotation. The treating physician requested custom-made functional orthotics to assist with decrease pronation, alleviate the pressure off of the lower extremity and to reduce the injured worker's lower extremity. The IW was released to full duty /School without restriction on 9/8/2014. She had previously utilized OTC ankle support during the acute injury phase. The 9/10/2014 CT of the left ankle showed an intact hardware with no other abnormality.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom orthotics to the left ankle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Orthotics.

**Decision rationale:** The CA MTUS did not address the use of Orthotics. The ODG guidelines recommend that durable medical equipment such as orthotics can be utilized to aid ambulation and function. The records did not show subjective or objective findings consistent with significant functional impairment or difficulty with ambulation. The patient had previously utilized OTC ankle support during the acute injury phase. She had returned to full activity without restriction. The criteria for the use of Custom Orthotic for left ankle was not met. Therefore, the request is not medically necessary.