

Case Number:	CM15-0081504		
Date Assigned:	05/04/2015	Date of Injury:	12/17/2009
Decision Date:	06/11/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/28/2015

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: Internal 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 48-year-old female, who sustained an industrial injury on 12/17/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post open reduction with internal fixation of the left ankle fracture, post-traumatic tibiotalar arthritis, right plantar fasciitis, and right Achilles tendinopathy. Treatment to date has included laboratory studies, status post open reduction with internal fixation of a left ankle fracture, use of bilateral night splints, and medication regimen. In a progress note dated 04/20/2015 the treating physician reports complaints of bilateral ankle pain along with stiffness. The treating physician requested bilateral foot orthotics noting that the injured worker would benefit from foot orthotics. The treating physician also requested bilateral night splints noting that the injured worker's current splints are worn from extensive use for pain relief, to maintain flexibility, and maintenance of functionality and relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Night Splints x 2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-372, 376-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Night splints.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses ankle splints and orthotics. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints (pages 370-372) indicates that for tendinitis and tenosynovitis, splint is a treatment option. For ankle sprain, splint or immobilization in severe cases is a treatment option. Activities and postures that increase stress on a structurally damaged ankle or foot tend to aggravate symptoms. Correct undesirable correlated and compensatory motions and postures if possible. Weight bearing may be limited during the first few weeks, with gradual return to full weight bearing. Weight bearing with orthotics often returns function toward normal very quickly. Table 14-6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints (page 376) recommends for acute injuries, immobilization and weight bearing as tolerated, taping or bracing later to avoid exacerbation or for prevention. For appropriate diagnoses, rigid orthotics, metatarsal bars, heel donut, toe separators are recommended. Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) indicates that night splints are recommended. In individuals with plantar heel pain, there is evidence for the effectiveness of dorsiflexion and tension night splints in reducing pain. The orthopedic progress report dated 4/20/15 documented chronic bilateral ankle pain. She previously underwent ORIF open reduction and internal fixation of left ankle fracture with posttraumatic osteoarthritis which she underwent four surgeries between 2009 and 2011. The patient has noted right plantar fasciitis and Achilles tendinopathy. She complains of pain with prolonged standing, walking and climbing stairs. She is unable to walk more than a block. She uses bilateral night splints, which she uses extensively to maintain mobility and maintenance. She has worn both night splints on a regular basis, which are worn out and not as effective. She limps in addition to left ankle pain affecting her back and right lower extremity at times. Since last evaluation, her symptoms remain stable and unchanged. On physical examination, while standing, she has bilateral pes planus with hindfoot valgus 1 degree on the right and 2 degrees on the left. Unable to tolerate heel and toe walking. Bilateral lower extremity motor function is grossly intact in all major muscle groups including right ankle eversion/inversion strength. Ankle dorsiflexion 0, plantarflexion 50. With knees bent, dorsiflexion improves slight. She is tender to palpation around the plantar fascia at the right Achilles insertion, to a lesser extent on the left side. There is noted mild left medial and lateral ankle joint line tenderness. Mildly restricted subtalar motion more noted on the left. Right ankle X-ray 11/03/14 demonstrated tibiotalar narrowing, anteriorly small plantar calcaneal spur. Left ankle x-ray 11/03/14 demonstrated healed ankle fracture, chronic changes of tibiotalar joint. Diagnoses were ORIF open reduction and internal fixation left ankle fracture, posttraumatic tibiotalar arthritis, right plantar fasciitis, and right Achilles tendinopathy. The treatment plan included a recommendation for an evaluation with an orthotist for evaluation of her feet in which she would benefit from bilateral orthotics. The physician recommended bilateral night splints for pain relief, maintain flexibility, maintenance of functionality and relief. The request for bilateral

night splints is supported by the medical records, ODG, and MTUS guidelines. Therefore, the request for bilateral night splints is medically necessary.

Bilateral Foot Orthotics for Shoes x2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-372, 376-377.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses foot orthotics and shoes. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints (pages 370-372) states those rigid orthotics are treatment options for plantar fasciitis and metatarsalgia. Shoes are a treatment option for foot conditions, including plantar fasciitis, tendinitis, tenosynovitis, forefoot sprain, neuroma, and heel spur. 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. Activities and postures that increase stress on a structurally damaged ankle or foot tend to aggravate symptoms. Correct undesirable correlated and compensatory motions and postures if possible. Weight bearing may be limited during the first few weeks, with gradual return to full weight bearing. Weight bearing with orthotics often returns function toward normal very quickly. Table 14-6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints (page 376) recommends for acute injuries, immobilization and weight bearing as tolerated, taping or bracing later to avoid exacerbation or for prevention. For appropriate diagnoses, rigid orthotics, metatarsal bars, heel donut, toe separators are recommended. The orthopedic progress report dated 4/20/15 documented chronic bilateral ankle pain. She previously underwent ORIF open reduction and internal fixation of left ankle fracture with posttraumatic osteoarthritis which she underwent four surgeries between 2009 and 2011. The patient has noted right plantar fasciitis and Achilles tendinopathy. She complains of pain with prolonged standing, walking and climbing stairs. She is unable to walk more than a block. She uses bilateral night splints, which she uses extensively to maintain mobility and maintenance. She has worn both night splints on a regular basis, which are worn out and not as effective. She limps in addition to left ankle pain affecting her back and right lower extremity at times. Since last evaluation, her symptoms remain stable and unchanged. On physical examination, while standing, she has bilateral pes planus with hindfoot valgus 1 degree on the right and 2 degrees on the left. Unable to tolerate heel and toe walking. Bilateral lower extremity motor function is grossly intact in all major muscle groups including right ankle eversion/inversion strength. Ankle dorsiflexion 0, plantarflexion 50. With knees bent, dorsiflexion improves slight. She is tender to palpation around the plantar fascia at the right Achilles insertion, to a lesser extent on the left side. There is noted mild left medial and lateral ankle joint line tenderness. Mildly restricted subtalar motion more noted on the left. Right ankle X-ray 11/03/14 demonstrated tibiotalar narrowing, anteriorly small plantar calcaneal spur. Left ankle x-ray 11/03/14 demonstrated healed ankle fracture, chronic changes of tibiotalar joint. Diagnoses were ORIF open reduction and internal fixation left ankle fracture, posttraumatic tibiotalar arthritis, right plantar fasciitis, and right Achilles tendinopathy. The

treatment plan included a recommendation for an evaluation with an orthotist for evaluation of her feet in which she would benefit from bilateral orthotics. ACOEM Chapter 14 Ankle and Foot Complaints (pages 370-372) indicate that rigid orthotics is treatment options for plantar fasciitis and metatarsalgia. 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. Activities and postures that increase stress on a structurally damaged ankle or foot tend to aggravate symptoms. Correct un desirable correlated and compensatory motions and postures if possible. Table 14-6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints (page 376) indicates that for appropriate diagnoses, rigid orthotics are recommended. The request for bilateral foot orthotics is supported by the medical records and MTUS guidelines. Therefore, the request for bilateral foot orthotics is medically necessary.