

<b>Case Number:</b>	CM14-0146140		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47-year-old male with a 5/28/13 date of injury, when he fell and injured his right ankle. The patient underwent the right ankle surgery with ORIF (Open Reduction and Internal Fixation) on 5/28/13 and a second surgery on 3/23/14 for removal of the medical device. The progress note dated 6/3/14 stated that after the second surgery the patient was non weight bearing (NWB) with boot and crutches and 3 weeks later he advanced to weight bearing as tolerated (WBAT) with boot and crutches and that he could tolerate only 20% of his weight onto his right foot due to increased pain in the right foot. The patient was seen on 7/29/14 for the follow up visit. The patient's gait was antalgic and he did not show significant improvement with regards to the ambulation or pain. The patient continued with physical therapy and needed an additional treatment intervention. Exam findings of the right foot revealed dorsalis pedis and posterior tibial pulses +2 over 4 and within normal limits, normal skin temperature and no cyanosis or claudication. There was numbness and paresthesias on the right ankle and the neurological examination was without normal limits. The muscular examination of the right ankle was within normal limits with +5 over 5 with dorsiflexion, plantar flexion, inversion and eversion. A new Cam walker was provided for the patient. The diagnosis is status post removal of fixation of the right ankle, nonunion right ankle fracture, sprain/strain of the right ankle, instability of the ankle and painful gait. MRI of the right ankle dated 5/12/14 revealed: status post-surgical fixation involving the distal tibia and distal fibula hardware; no definite evidence of acute osseous or soft tissue injury; degenerative changer at the tibiotalar and talonavicular joints. Treatment to date: physical therapy, work restrictions, knee walker, Cam walker, injections, hot patch, walking boot and medications. An adverse determination was received on 8/7/14 given that there was a lack of documentation regarding a discussion of the DME (durable medical equipment).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Walking Boot Replacement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2013 (ankle)

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

**Decision rationale:** CA MTUS does not address this issue. Per ODG, Custom 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 (plantar fasciitis, plantar fasciosis, and heel spur syndrome). Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. The patient underwent the right ankle surgery on 5/28/13 and a second surgery on 3/23/14 for removal of hardware. The progress note dated 6/3/14 stated that after the second surgery the patient was NWB (non-weight bearing) with boot and crutches and 3 weeks later he advanced to WBAT (weight bearing as tolerated) with boot and crutches and that he could tolerate only 20% of his weight onto his right foot due to increased pain in the right foot. The progress note dated 7/29/14 indicated that the patient had pain in the ankle and antalgic gait. However, there is no rationale with regards to the clearly specified goals with the walking boot. In addition, there is a lack of documentation with subjective or objective functional gains from the previous walking boot usage. Therefore, the request for walking boot replacement was not medically necessary.