

<b>Case Number:</b>	CM14-0020795		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	12/16/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Podiatry Surgery, and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 12/16/2012. Injuries to the lumbar spine and right ankle are noted. Patient subsequently underwent right ankle surgery on 3/8/2013. Patient continues to have right ankle pain. On 8/21/2013 patient was evaluated for right ankle pain. Patient states that he has been going to physical therapy and is feeling better. On examination patient is noted to be walking well. He can go on his tip toes and heels. Range of motion to the ankle is almost full according to the physician. Muscle strength is 5/5 in all planes. There is no instability. On 10/1/2013 patient presented to an orthopedic surgeon for evaluation of constant sharp right ankle pain. Pain is worse upon stance and ambulation. The pain level varies throughout the day but is normally a 3/10. The physical exam that day reveals normal range of motion to the right foot and ankle. Diagnoses include pain in the joint, right ankle. Recommendations include physical therapy, multi-stimulator unit, platelet rich plasma injection. Patient exhibited a normal electrodiagnostic study to the lower extremity in December 2013. On 1/24/2014 patient was evaluated and noted to have continued right ankle pain. Physical exam revealed normal stability of the ankle with moderate edema. Irritability is noted with inversion and eversion, ankle dorsiflexion and plantar flexion. Nontender Achilles, anterior lateral ankle, heel nontender. Diagnoses include right ankle pain, postoperative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PODIATRIST EVALUATION FOR THE RIGHT ANKLE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7-CONSULTATION.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): chapter 7, consultations; Official Disability Guidelines (ODG): platelet rich plasma (PRP).

**Decision rationale:** After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for a podiatrist evaluation for the right ankle is not medically reasonable or necessary for this patient at this time. Numerous physical exams enclosed in this chart reveal that this patient has no ankle instability, and perfectly normal ankle joint range of motion. Patient is apparently being referred to a podiatrist for platelet rich plasma injections to the right ankle. These types of injections are not recommended per ODG guidelines. The guidelines state that consultations are used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. This apparently has been determined already by patient's other physicians, therefore a consultation to a podiatrist is not medically reasonable.

**RIGHT ANKLE BRACE (FIGURE EIGHT):** 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) - ANKLE FOOT ORTHOSIS (AFO).

**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.

**Decision rationale:** after careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the decision for a right ankle brace/figure 8 is not medically reasonable or necessary for this patient at this time. ODG guidelines state that ankle and foot orthoses are recommended for patients that have foot drop. This patient does not have foot drop. From an ankle brace perspective, it is noted from numerous physical exams that this patient does not have ankle instability, with normal ankle joint range of motion. Without ankle instability, there is no reason for this patient to have an ankle brace.