

<b>Case Number:</b>	CM14-0076580		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 41 year old male who reported a date of injury of 05/16/2013. The mechanism of injury was reported as a fall. The injured worker was diagnosed with pain to the foot and ankle. Prior surgeries were not indicated within the medical records received. Prior treatments included physical therapy. The injured worker had an MRI on 08/19/2013 with unofficial findings indicating the injured worker had an osteochondral lesion of the talus without displacement and a CT arthrogram on 11/05/2013 with unofficial findings indicating the injured worker had an osteochondral defect of 11mmX8mmX4mm; the official reports of the studies were not provided within the medical records received. The injured worker had complaints of right ankle pains, he stated he returned to duty working 10-12 hour shifts and had soreness and stiffness at the end of his shift. The clinical note dated 06/09/2014 noted the injured worker had no crepitus with range of motion of the ankle, 5/5 dorsiflexion, plantar flexion, inversion and eversion. Sensations were intact to light touch. The injured worker had a negative anterior drawer test and his peroneals were stable with circumduction of the ankle. Medications included flector patches. The treatment plan included the physician recommending icing the ankle, anti-inflammatories and flector patches. The rationale and request for authorization form were not provided within the medical records received.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Custom Full Cushioned Orthotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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): 376-377..

**Decision rationale:** The request for bilateral custom full cushioned orthotics is not medically necessary. The injured worker indicated he had returned to full duty but had complaints of right ankle pain with soreness and stiffness at the end of the 10-12 hour shifts. The California MTUS/ACOEM guidelines recommend the use of rigid orthotics with documentation of appropriate diagnoses; however, there is limited research-based evidence supporting the use of rigid orthotics. The guidelines also recommend their use for acute injuries of the ankle and foot for immobilization and weight bearing as tolerated and the use of taping later for prevention. There is a lack of evidence indicating the injured worker's diagnoses. There is a lack of documentation indicating the injured worker has significant objective functional deficits, weakness, and instability for which orthotics would be indicated. Furthermore, there is a lack of documentation indicating the injured worker has utilized more conventional conservative treatments such as taping of the ankle, cold therapy or NSAID's. As such, the request is not medically necessary.