

<b>Case Number:</b>	CM14-0197182		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	11/02/2008
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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. 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: Tennessee, Ohio  
Certification(s)/Specialty: Orthopedic Surgery

### 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 61-year-old female who reported injuries due to a trip and fall down a flight of stairs on 11/02/2008. She had an open reduction and internal fixation for a fractured ankle in 2008, and a second surgery to remove the hardware in 2010. She stated that she suffered from nerve damage in the left ankle and her pain radiated up into her left leg. She further had complaints of low back pain due to over compensation from limping on the left ankle. She noted that her ankle is constantly swollen. She had a sympathetic nerve block in 05/2014, which provided 40% pain relief in the left lower leg and lasted for approximately 2 weeks. She rated her left ankle pain 6/10. Her combined medications, which included Celebrex 50 mg, OxyContin 40 mg, Topamax 25 mg, Norco 10 mg, alprazolam 0.25 mg, and omeprazole 20 mg provided her up to 80% pain relief. Her left ankle plantar and dorsiflexion were 4/5. Her treatment plan included continuing with her current medications, a discussion of spinal cord stimulation and to follow up with her other physicians. There was no rationale or Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Ankle Articulated AFO Brace: 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, 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 & Foot, Ankle foot orthosis (AFO)

**Decision rationale:** The request for left ankle articulated AFO brace is not medically necessary. The Official Disability Guidelines recommend AFOs as an option for foot drop. An AFO is also used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and if necessary, push off stimulation during the late stance phase. An AFO is helpful only if the foot can achieve plantigrade position when standing. Any equinus contracture prohibits its successful use. There was insufficient evidence submitted to substantiate the use of an AFO. Therefore, the request for left ankle articulated AFO brace is not medically necessary.

**Left Foot Plate:** 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, Ankle Foot Orthosis (AFO)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** The request for left foot plate is not medically necessary. The California ACOEM Guidelines note that for patients with continued limitations of activity after 4 weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance but point tenderness over the bone is indicative of the diagnosis and a radiograph or bone scan may be ordered. Imaging findings should be correlated with physical findings. Radiography is recommended for metatarsal or toe fractures. There was insufficient evidence submitted to warrant radiography of the left foot. Therefore, this request for left foot plate is not medically necessary.

**Hyaluronic acid injections (Viscosupplementation series) to the Left Ankle Joints (quantity unspecified):** 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, Ankle Foot Orthosis (AFO)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle, Hyaluronic acid injections

**Decision rationale:** The request for left ankle joints is not medically necessary. Since the request is unclear and ambiguous, there are no guideline citation standards that can be applied to this question. Therefore, this request for left ankle joints is not medically necessary. The request for hyaluronic acid injections (Viscosupplementation series) to the left ankle joints (quantity unspecified) is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques, such as injection procedures, have no proven value. The Official Disability Guidelines further state that hyaluronic acid injections are not recommended. Based on recent research in the ankle plus several recent quality studies in the knee showing that the magnitude of improvement appears moderate at best. Since more research is necessary to recommend hyaluronic acid injections, this type of therapy would not be indicated. Additionally, the quantity of the injections recommended is not specified in the request as submitted. As such, this request is not medically necessary.

**Left Malleous Pad:** 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, 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), Knee & Leg, Durable medical equipment (DME)

**Decision rationale:** The request for left malleous pad is not medically necessary. In the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use, for example, could normally be rented and used by successive patients and is primarily and customarily used to serve a medical purpose. In this case, the documentation submitted fails to establish medical necessity. Therefore, this request for left malleous pad is not medically necessary.