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| <b>Case Number:</b>   | CM14-0203679 |                              |            |
| <b>Date Assigned:</b> | 12/16/2014   | <b>Date of Injury:</b>       | 10/13/2011 |
| <b>Decision Date:</b> | 02/12/2015   | <b>UR Denial Date:</b>       | 11/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/05/2014 |

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 50 year old employee with date of injury of 10/13/11. Medical records indicate the patient is undergoing treatment for right wrist sprain, right knee sprain and pain in joint-left foot. Subjective complaints include severe fatigue, night sweats but denies chills. He reports blurry vision but does not wear glasses or contacts. He complains of depression. He complains of left ankle instability and pain. Objective findings include normal musculoskeletal in lower left extremities. Treatment has consisted of Tramadol. The utilization review determination was rendered on 11/24/14 recommending non-certification of a Custom AFO left ankle/foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom AFO left ankle/foot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-384. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle&Foot, Bracing (immobilization).

**Decision rationale:** ACOEM "Careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Putting joints at rest in a brace or

splint should be for as short a time as possible". ACOEM additionally states "For acute injuries, immobilization and weight bearing as tolerated; taping or bracing later to avoid exacerbation or for prevention (C) For acute swelling, rest and elevation (D) For appropriate diagnoses, rigid orthotics, metatarsal bars, heel donut, toe separator (C)". The D and C designation by ACOEM means that the evidence based medicine is weak to support immobilization. ODG states "Not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function". While the treating physician documents pain in the left foot and ankle, there is no documentation of red flag diagnoses based on physical exam or diagnostic imaging. As such, the request for is Custom AFO left ankle/foot not medically necessary.