

<b>Case Number:</b>	CM14-0218941		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: California  
 Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 60 year old male, who sustained an industrial injury on August 11, 2014. He has reported pain in the right ankle after stepping sideways to avoid stepping on broken glass while getting out of a work vehicle and was diagnosed with traumatic arthropathy, osteoarthritis and pain. Treatment to date has included x-rays, an ankle brace, restricted work duties, ice and heat therapy, anti-inflammatory agents and right lower extremity elevation. Currently, the IW complains of continued pain in the right ankle. He has not worked since he was laid off shortly after the accident. On October 27, 2014, evaluation revealed continued pain and a limping gait. It was noted there was a previous attempt to initiate physical therapy however no therapy visits were noted. The recommendation at this time was to follow up the following day for computed tomography (CT) of the right ankle. Adjustments were made to the pain medication secondary to stomach upset and a walking boot was prescribed. On October 28, 2014, CT scan of the right ankle revealed mild degenerative changes, no fracture or other focal bone abnormality and no obvious LisFranc subluxation. On November 17, 2014, physical therapy was initiated. Symptoms continued on evaluation on December 4, 2014. The recommendation was for possible steroid injections or surgical intervention. On December 12, 2014, Utilization Review (UR) non-certified a Ritchie brace for the right ankle/foot, noting the ODG and ACOEM guidelines. On December 8, 2014, the injured worker submitted an application for IMR for review of a request for a Ritchie brace for the right ankle/foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ritchie brace for right ankle/foot:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Bracing

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-372, 376-377.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses ankle and foot orthotics. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints (pages 370-372) states that rigid orthotics are treatment options for plantar fasciitis and metatarsalgia. Shoes are a treatment option for foot conditions, including plantar fasciitis, tendinitis, tenosynovitis, forefoot sprain, neuroma, and heel spur. Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. Activities and postures that increase stress on a structurally damaged ankle or foot tend to aggravate symptoms. Correct undesirable correlated and compensatory motions and postures if possible. Weight bearing may be limited during the first few weeks, with gradual return to full weight bearing. Weight bearing with orthotics often returns function toward normal very quickly. Table 14-6 Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints (page 376) recommends for acute injuries, immobilization and weight bearing as tolerated, taping or bracing later to avoid exacerbation or for prevention. For appropriate diagnoses, rigid orthotics are recommended. The primary treating physician's progress report dated December 4, 2014 documented that the patient was limping. His right leg has gone out on him a couple of times. The patient reports pain and swelling. Physical examination demonstrated pain in the region of the subtalar joint with range of motion, exacerbated with compression to right rear foot. The patient remained off work. Subtalar joint pathology was noted. Steroid injection of the subtalar joint was performed and provided relief for five hours. The treating physician is a doctor of podiatry. Subtalar fusion surgery was a consideration. From the perspective of biomechanics, functional foot control and addressing the subtalar joint pathology were imperative. Therefore, a functional Richie ankle foot orthosis AFO brace was recommended by the patient's podiatrist. The 12/4/14 progress report and ACOEM guidelines support the request for a Richie ankle foot orthosis AFO brace. Therefore, the request for Richie brace is medically necessary.