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| <b>Case Number:</b>   | CM15-0121857 |                              |            |
| <b>Date Assigned:</b> | 06/26/2015   | <b>Date of Injury:</b>       | 02/25/2010 |
| <b>Decision Date:</b> | 09/15/2015   | <b>UR Denial Date:</b>       | 06/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/24/2015 |

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 47 year old female, who sustained an industrial injury on 2/25/10. She reported pain in her right ankle. The injured worker was diagnosed as having right ankle pain and Sjogren's syndrome. Treatment to date has included physical therapy, a platelet rich plasma injection of the anterior tibialis tendon and a right ankle/foot MRI on 6/28/14. As of the PR2 dated 5/21/15, the injured worker reports pain in her right foot/ankle. Objective findings include palpable DP and physical therapy pulses in right foot and moderate tenderness at the dorsal aspect of the cornuatenavicular joint of the right foot. The treating physician requested a custom ankle foot orthosis (right), a removable foot insert, addition to lower extremity orthosis, soft interface for molded plastic (right), addition to lower extremity, varus/valgus correction ("t") strap (right) and an addition to lower extremity, varus/valgus correction, plastic modification, padded/lined (right).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom ankle foot orthosis (right): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic): Ankle foot orthosis (AFO).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361 - 382.

**Decision rationale:** The patient is a 47 year old female with an injury on 02/25/2010. She reported right ankle pain. The diagnosis was right ankle pain and Sjogren's syndrome. She had a right ankle/foot MRI on 06/28/2014. On 05/21/2015 she had moderate tenderness of the right foot (not right ankle). In summary she had a right ankle injury on 02/25/2010 and in 2015 she has right foot tenderness. She had a MRI of the right foot and right ankle in 2014. There is no documentation of a recent right foot injury. There were no recent red flag signs. The requested orthosis for treatment of the 02/25/2010 injury is not consistent with MTUS, ACOEM guidelines and is not medically necessary.

**Foot, insert, removable (right):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361 - 382.

**Decision rationale:** The patient is a 47 year old female with an injury on 02/25/2010. She reported right ankle pain. The diagnosis was right ankle pain and Sjogren's syndrome. She had a right ankle/foot MRI on 06/28/2014. On 05/21/2015 she had moderate tenderness of the right foot (not right ankle). In summary she had a right ankle injury on 02/25/2010 and in 2015 she has right foot tenderness. She had a MRI of the right foot and right ankle in 2014. There is no documentation of a recent right foot injury. There were no recent red flag signs. The requested foot insert/orthosis for treatment of the 02/25/2010 injury is not consistent with MTUS, ACOEM guidelines and is not medically necessary.

**Addition to lower extremity orthosis, soft interface for molded plastic (right):** 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): 361 - 382.

**Decision rationale:** The patient is a 47 year old female with an injury on 02/25/2010. She reported right ankle pain. The diagnosis was right ankle pain and Sjogren's syndrome. She had a right ankle/foot MRI on 06/28/2014. On 05/21/2015 she had moderate tenderness of the right foot (not right ankle). In summary she had a right ankle injury on 02/25/2010 and in 2015 she has right foot tenderness. She had a MRI of the right foot and right ankle in 2014. There is no

documentation of a recent right foot injury. There were no recent red flag signs. The requested orthosis for treatment of the 02/25/2010 injury is not consistent with MTUS, ACOEM guidelines and is not medically necessary.

**Addition to lower extremity, varus/valgus correction ("t") strap (right): 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): 361 - 382.

**Decision rationale:** The patient is a 47 year old female with an injury on 02/25/2010. She reported right ankle pain. The diagnosis was right ankle pain and Sjogren's syndrome. She had a right ankle/foot MRI on 06/28/2014. On 05/21/2015 she had moderate tenderness of the right foot (not right ankle). In summary she had a right ankle injury on 02/25/2010 and in 2015 she has right foot tenderness. She had a MRI of the right foot and right ankle in 2014. There is no documentation of a recent right foot injury. There were no recent red flag signs. The requested t strap for treatment of the 02/25/2010 injury is not consistent with MTUS, ACOEM guidelines and is not medically necessary.

**Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined (right): 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): 361 - 382.

**Decision rationale:** The patient is a 47 year old female with an injury on 02/25/2010. She reported right ankle pain. The diagnosis was right ankle pain and Sjogren's syndrome. She had a right ankle/foot MRI on 06/28/2014. On 05/21/2015 she had moderate tenderness of the right foot (not right ankle). In summary she had a right ankle injury on 02/25/2010 and in 2015 she has right foot tenderness. She had a MRI of the right foot and right ankle in 2014. There is no documentation of a recent right foot injury. There were no recent red flag signs. The requested plastic modification orthosis for treatment of the 02/25/2010 injury is not consistent with MTUS, ACOEM guidelines and is not medically necessary.