

<b>Case Number:</b>	CM15-0178495		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 34 year old male, who sustained an industrial injury on 6-7-13. Medical record indicated the injured worker is undergoing treatment for chronic ATFL injury with prior sprain and now painful fibrosis bilaterally, distal plantar fasciitis secondary to altered gait bilaterally, status post shoulder injury and SLAP repair, depression, headaches, low back pain with discopathy and right posterior tibial tendon dysfunction stage I. Treatment to date has included oral medications including Norco 10-325mg, Trazodone and a muscle relaxant, steel toed shoes and activity modifications. Foot and ankle x-rays revealed bilateral plantar calcaneal spurs and lateral foot x-rays confirmed arch collapse. (MRI) magnetic resonance imaging of ankles performed on 10-6-15 revealed thickening and fibrosis of the anterior talofibular ligament, infiltration of the right sinus tarsi replacing normal fat and congenital fibro-osseous tarsal coalition of the left calcaneus and navicular bones. Currently on 7-28-15 an initial podiatry visit was performed and the injured worker complains of lateral and medial pain of both ankles and arches, it is worse towards the end of the workday. He is not using ankle braces or any supportive shoe gear. Orthotics has previously been denied. He is currently working. Physical exam performed on 7-28-15 revealed tenderness to palpation over bilateral anterior talofibular ligaments with mild pain on right ankle, tenderness to palpation over the right sinus tarsi and tenderness of the medial band of the plantar fascia at the mid-level in the bilateral arch with no palpable defects or nodules; bilateral full range of motion is noted without pain and no instability is noted. The treatment plan included diagnostic ultrasonic scanning of both ankles and plantar fascia, custom shoe inserts, two pair of extra depth shoes and bilateral lace up ankle braces.

Work status is to be reduced from 12 to 8 hours per day, 5 days a week. On 8-17-15, utilization review non-certified diagnostic ultrasonic scanning of both ankles and plantar fascia noting guidelines recommend ultrasound for chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; in this case the injured worker complained of pain on medial and lateral sides of both ankles and arches; custom shoe inserts, two pair of extra depth shoes and bilateral lace up ankle braces noting the records are devoid of ankle instability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **2 Pairs of extra depth shoes: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot - Orthotic devices.

**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 (Acute & Chronic) / Orthotic devices.

**Decision rationale:** The MTUS did not address the use of ankle and foot orthotics, therefore other guidelines were consulted. Per the ODG recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. (Crawford, 2003) As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. The percentages improved in each group were: (1) silicone insert, 95%; (2) rubber insert, 88%; (3) felt insert, 81%; (4) Achilles tendon and plantar fascia stretching only, 72%; and (5) custom orthosis, 68%. (Pfeffer, 1999) Evidence indicates mechanical treatment with taping and orthoses to be more effective than either anti-inflammatory or accommodative modalities in the treatment of plantar fasciitis. A review of the injured workers medical records reveal ongoing foot and ankle pain that would benefit from the use of foot orthotics, therefore the request for 2 pairs of extra depth shoes is medically necessary.

#### **Bilateral lace up ankle braces: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**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 (Acute & Chronic) / Orthotic devices.

**Decision rationale:** The MTUS did not address the use of ankle and foot orthotics, therefore other guidelines were consulted. Per the ODG recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. (Crawford, 2003) As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. The percentages improved in each group were: (1) silicone insert, 95%; (2) rubber insert, 88%; (3) felt insert, 81%; (4) Achilles tendon and plantar fascia stretching only, 72%; and (5) custom orthosis, 68%. (Pfeffer, 1999) Evidence indicates mechanical treatment with taping and orthoses to be more effective than either anti-inflammatory or accommodative modalities in the treatment of plantar fasciitis. A review of the injured workers medical records reveal ongoing foot and ankle pain that would benefit from the use of foot orthotics, therefore the request for bilateral lace up ankle braces is medically necessary.

**Custom shoe inserts:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot - Orthotic devices.

**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 (Acute & Chronic) / Orthotic devices.

**Decision rationale:** The MTUS did not address the use of ankle and foot orthotics, therefore other guidelines were consulted. Per the ODG recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthoses should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses in people who stand for more than eight hours per day. (Crawford, 2003) As part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. The percentages improved in each group were: (1) silicone insert, 95%; (2) rubber insert, 88%; (3) felt insert, 81%; (4) Achilles tendon and plantar fascia stretching only, 72%; and (5) custom orthosis, 68%. (Pfeffer, 1999) Evidence indicates mechanical treatment with taping and orthoses to be more effective than either anti-inflammatory or accommodative modalities in the treatment of plantar fasciitis. A review of the injured workers medical records reveal ongoing foot and ankle pain that would benefit from the use of foot orthotics, therefore the request for custom shoe inserts is medically necessary.

**Diagnostic ultrasound scanning of left ankle: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the MTUS / ACOEM most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. For patients with continued limitations of activity after four 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 a bone scan may be ordered. Imaging findings should be correlated with physical findings. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. A review of the injured workers medical records did not reveal any new red flags or suspicions of serious pathology and therefore the request for Diagnostic ultrasound scanning of left ankle is not medically necessary.

**Diagnostic ultrasound scanning of right ankle: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the MTUS / ACOEM most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. For patients with continued limitations of activity after four 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 a bone scan may be ordered. Imaging findings should be

correlated with physical findings. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. A review of the injured workers medical records reveal that the injured worker has already had bilateral MRI of his ankles and there are no new red flags or suspicions of serious pathology, therefore the request for Diagnostic ultrasound scanning of right ankle is not medically necessary.