

Case Number:	CM15-0046420		
Date Assigned:	03/18/2015	Date of Injury:	08/21/2014
Decision Date:	04/23/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/11/2015

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, Tennessee
Certification(s)/Specialty: Emergency 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 50-year-old male, who sustained an industrial injury on August 21, 2014. He has reported right ankle pain and back pain. Diagnoses have included right ankle fracture and right ankle sprain. Treatment to date has included medications, injections, compression wrap, casting boot, elevation, ice, physical therapy, home exercise, and imaging studies. A progress note dated January 15, 2015 indicates a chief complaint of continued right ankle pain and swelling. The treating physician documented a plan of care that included orthotics, medications, and an ankle brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biomechanical exam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin Orthop Relat Res. 1983 Jul-Aug;(177):23-33:

Biomechanical analysis of foot function during gait and clinical applications. Official Disability Guidelines: Ankle & Foot, Orthotic Devices, Ankle foot orthosis (AFO).

Decision rationale: Temporal and distance gait factors, foot-switch contact patterns, ankle/subtalar joint motion, and center of foot pressure distribution have been used to evaluate normal and abnormal foot mechanics. A normal control group and selected patients with well-defined pathologic conditions were studied to examine the effectiveness of this method. Biomechanical observations reflect the clinical pathologic condition. Abnormalities involving the forefoot, midfoot, and hindfoot are most suitable for analyzing center of foot pressure. In this case, the biomechanical examination is in preparation for custom-made orthotic device. Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. Ankle foot orthosis is recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The specific purposes 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. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. Prolonged supports or bracing are not recommended without exercise due of risk of debilitation. In this case, the patient does not suffer from plantar fasciitis, foot drop of rheumatoid arthritis. The orthotic device is not medically necessary. Therefore, the biomechanical exam is not medically necessary.

Orthotic management training: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot, Orthotic Devices, Ankle foot orthosis (AFO).

Decision rationale: Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. Ankle foot orthosis is recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The specific purposes 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. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. Prolonged supports or bracing are not recommended without exercise due of risk of debilitation. In this case, the

patient does not suffer from plantar fasciitis, foot drop of rheumatoid arthritis. The orthotic device is not medically necessary. Therefore, the orthotic management training is not medically necessary.

Custom made orthotic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot, Orthotic Devices, Ankle foot orthosis (AFO).

Decision rationale: Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. Ankle foot orthosis is recommended as an option for foot drop. An ankle foot orthosis (AFO) also is 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. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. Prolonged supports or bracing are not recommended without exercise due of risk of debilitation. In this case, the patient does not suffer from plantar fasciitis, foot drop of rheumatoid arthritis. The orthotic device is not medically necessary.