

<b>Case Number:</b>	CM15-0066086		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 41 year old male, who sustained an industrial injury on 11/19/2012. He has reported injury to the right ankle, left heel, right arm, and lower back. The diagnoses have included status post right ankle open reduction internal fixation; closed fracture left calcaneus; lumbar radiculopathy; mechanical back pain. Treatment to date has included medications, diagnostics, and multiple surgical interventions. A provider encounter dated 11/20/2014, documented comparison of radiological findings from those dated 11/20/2012. Currently, the injured worker complains of left heel/ankle pain. Objective radiographic findings included an unchanged appearance of fixation plate and multiple screws spanning the calcaneus; remote comminuted fracture of the calcaneus has healed; and there is small inferior and posterior calcaneal enthesopathy. Per the doctor's note dated 3/4/15 patient had complaints of back pain. Physical examination of the low back revealed tenderness on palpation and limited range of motion. A recent detailed examination of the ankle and foot was not specified in the records provided. The treatment plan has included the request for DME (Durable Medical Equipment): Ankle Foot Orthosis with Soft Interface, Extra Depth Shoes. The patient sustained the injury due to fall. The patient's surgical history include two surgeries of left foot and several surgeries of the right ankle and right arm surgery. The patient has had history of fracture of low back vertebra. The patient has had an ankle radiograph on 11/20/14 that revealed intact calcaneal ORIF without hardware complication. The medication list include Ibuprofen, Hydrocodone, Lorazepam and Cyclobenzaprine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Ankle Foot Orthosis with Soft Interface, Extra Depth Shoes:** 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.

**Decision rationale:** Request: DME: Ankle Foot Orthosis with Soft Interface, Extra Depth Shoes  
Per the ACOEM guidelines cited below 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. A recent detailed examination of the ankle and foot was not specified in the records provided. Objective radiographic findings included an unchanged appearance of fixation plate and multiple screws spanning the calcaneus; remote comminuted fracture of the calcaneus has healed; and there is small inferior and posterior calcaneal enthesopathy. Rationale for requesting custom orthotics was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Response to conservative treatment including PT and medication was not specified in the records provided. Response to off the shelf arch support/prefabricated orthotics is not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for DME: Ankle Foot Orthosis with Soft Interface, Extra Depth Shoes is not fully established for this patient.