

Case Number:	CM15-0097857		
Date Assigned:	05/28/2015	Date of Injury:	08/07/2014
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female, who sustained an industrial/work injury on 8/7/14. She reported initial complaints of left ankle sprain. The injured worker was diagnosed as having small transverse evulsion fracture of the distal fibula with torn anterior talofibular ligament. Treatment to date has included medication, podiatry consultation, surgery (modified Brostram procedure on 1/23/15), and physical therapy. MRI results were reported on 9/22/14 reports a torn anterior talofibular ligament and large joint effusion at the left ankle. X-Rays results were reported on 10/23/14 revealed a small transverse evulsion fracture of the distal fibula that is not completely healed and shows 3 mm of gapping, soft tissue swelling around the left lateral ankle. Currently, the injured worker complains of ankle discomfort and repot of fear to walk normally on the left ankle due to ligament repair. An ankle brace is worn almost 24 hours a day. Per the primary physician's progress report (PR-2) on 4/13/15, examination revealed proper healing of left ankle with minimal swelling and ecchymosis, range of motion and muscle strength is improving, antalgic gait with compensation. X-ray did not demonstrate any calcifications around the left ankle or ATF ligament. Current plan of care included continuation of physical therapy, and biomechanical support, ankle brace during the day, increase weight bearing. The requested treatments include bilateral orthotics, bilateral casting x 2, casting materials x 2, and range of motion x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral orthotics x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic, Orthotic devices).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot Chapter, Ankle foot orthosis AFO.

Decision rationale: The 65 year old patient is status post left lower extremity surgery on 08/07/14, and is progressing as expected, as per progress report dated 04/13/15. The request is for bilateral orthotics x2. There is no RFA for this case, and the patient's date of injury is 08/07/15. Although the patient has an antalgic gait with compensation, her range of motion is improving steadily, as per progress report dated 04/13/15. The patient is undergoing physical therapy as the same progress report. Assessment, as per progress report dated 12/10/14, included left ankle sprain with chronic pain and left anterior talofibular ligament tear, nonunion fracture left distal fibula, abnormal gait, and pain in limb. ACOEM and MTUS do not specifically discuss shoes. The MTUS/ACOEM chapter 14, Ankle and Foot Complaints, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG, Ankle & Foot Chapter, Ankle foot orthosis (AFO) states the following, "Recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery." ODG, Ankle & Foot Chapter, Orthotics, states, "Bilateral orthotics: Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems." In this case, the patient is status post left lower extremity surgery on 04/13/15. In the same report, the treater recommends the patient "to be casted for a new custom molded medically indicated rigid orthotics in the near future to help give her the biomechanical support and stability that she is currently lacking and also to help maintain the surgical correction and gave for ankle support." In report dated 05/28/15, after the UR date, the treater states that treater states that orthotics will help "decrease her weakness and pain from previous surgery and get her back to work sooner without any restrictions. These will decrease the pronation that she is experiencing and it will stop jamming the previously surgically connected area on her left foot." ODG supports the use of orthosis during surgical recovery and hence, may help the patient's left lower extremity. However, there is no indication of any right ankle distress or recent surgery. Hence, the request for bilateral orthotics appears excessive and is not medically necessary.

Bilateral casting x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic, Orthotic devices).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot Chapter, Ankle foot orthosis AFO.

Decision rationale: The 65 year old patient is status post left lower extremity surgery on 08/07/14, and is progressing as expected, as per progress report dated 04/13/15. The request is for bilateral casting x2. There is no RFA for this case, and the patient's date of injury is 08/07/15. Although the patient has an antalgic gait with compensation, her range of motion is improving steadily, as per progress report dated 04/13/15. The patient is undergoing physical therapy as the same progress report. Assessment, as per progress report dated 12/10/14, included left ankle sprain with chronic pain and left anterior talofibular ligament tear, nonunion fracture left distal fibula, abnormal gait, and pain in limb. ACOEM and MTUS do not specifically discuss shoes. The MTUS/ACOEM chapter 14, Ankle and Foot Complaints, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG, Ankle & Foot Chapter, Ankle foot orthosis (AFO) states the following, "Recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery." ODG, Ankle & Foot Chapter, Orthotics, states, "Bilateral orthotics: Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems." In this case, the patient is status post left lower extremity surgery on 04/13/15. In the same report, the treater recommends the patient "to be casted for a new custom molded medically indicated rigid orthotics in the near future to help her give her the biomechanical support and stability that she is currently lacking and also to help maintain the surgical correction and gave for ankle support." In report dated 05/28/15, after the UR date, the treater states that treater states that orthotics will help "decrease her weakness and pain from previous surgery and get her back to work sooner without any restrictions. These will decrease the pronation that she is experiencing and it will stop jamming the previously surgically connected area on her left foot." ODG supports the use of casting during surgical recovery and hence, may help the patient's left lower extremity. However, there is no indication of any right ankle distress or recent surgery. Hence, the request for bilateral casting appears excessive and is not medically necessary.

Casting materials x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic, Orthotic devices).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot Chapter, Ankle foot orthosis AFO.

Decision rationale: The 65 year old patient is status post left lower extremity surgery on 08/07/14, and is progressing as expected, as per progress report dated 04/13/15. The request is for casting materials x2. There is no RFA for this case, and the patient's date of injury is 08/07/15. Although the patient has an antalgic gait with compensation, her range of motion is improving steadily, as per progress report dated 04/13/15. The patient is undergoing physical

therapy as the same progress report. Assessment, as per progress report dated 12/10/14, included left ankle sprain with chronic pain and left anterior talofibular ligament tear, nonunion fracture left distal fibula, abnormal gait, and pain in limb. ACOEM and MTUS do not specifically discuss shoes. The MTUS/ACOEM chapter 14, Ankle and Foot Complaints, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG, Ankle & Foot Chapter, Ankle foot orthosis (AFO) states the following, "Recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery." ODG, Ankle & Foot Chapter, Orthotics, states, "Bilateral orthotics: Bilateral foot orthotics/orthoses are not recommended to treat unilateral ankle-foot problems." In this case, the patient's request for bilateral casting has not been authorized. Consequently, the request for casting materials is not medically necessary as well.

Range of motion x 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, Range of motion Low back chapter, Range of motion.

Decision rationale: The 65 year old patient is status post left lower extremity surgery on 08/07/14, and is progressing as expected, as per progress report dated 04/13/15. The request is for range of motion X 2. There is no RFA for this case, and the patient's date of injury is 08/07/15. Although the patient has an antalgic gait with compensation, her range of motion is improving steadily, as per progress report dated 04/13/15. The patient is undergoing physical therapy as the same progress report. Assessment, as per progress report dated 12/10/14, included left ankle sprain with chronic pain and left anterior talofibular ligament tear, nonunion fracture left distal fibula, abnormal gait, and pain in limb. The ACOEM, MTUS, and ODG Guidelines do not specifically discuss range of motion or muscle strength test. ODG, Ankle & Foot chapter does not discuss range of motion; however, ODG, Shoulder Chapter and ODG Low Back Chapter provide some guidance. ODG Shoulder Chapter, Range of motion, states, "Recommended. Range of motion of the shoulder should always be examined in cases of shoulder pain." ODG Guidelines under the low back chapter regarding range of motion does discuss flexibility. The ODG Guidelines has the following, "Not recommended as the primary criteria, but should be part of a routine musculoskeletal evaluation." The treating physician does not discuss the reason for this request. ODG guidelines consider examination such as range of motion part of a routine musculoskeletal evaluation. It is unclear why a range of motion test is requested as a separate criteria. It should be part of an examination performed during office visitation. The request is not medically necessary.