

# ARIZONA FOOT & ANKLE CARE, P.C.

*Medical and Surgical Treatments  
of the Foot and Ankle*

November 6, 2017

Ms. Jacqueline Kurth, Manager  
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Industrial Commission of Arizona  
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Dear Ms. Kurth:

I would like to thank you for the opportunity of being asked to review the Ankle and Foot Chapter of the Official Disability Guidelines that is being considered for adoption by The Industrial Commission of Arizona. As a board-certified foot and ankle surgeon, I have tried to incorporate evidence-based medicine protocols on a daily basis for both my injured workers as well as private patients. I find the ODG to be extremely helpful as a guide but always keeping in mind they are not all-inclusive or the final word in treating and addressing work injuries. Treating physicians may not agree with every recommendation in the ODG for specific diagnoses; however, the appeals process certainly opens a door for additional treatment options that may not be listed as routine in the Guidelines.

Per your request, I have been asked to review the most common foot and ankle work injuries that are evaluated and treated on a regular basis. Furthermore, I have been asked to evaluate how using the ODG Guides for those specific injuries would affect the overall treatment process and the efficacy of the ODG recommendations as it relates to everyday patient treatment. The most common work injuries and diagnoses that I reviewed are as follows:

1. Heel pain/plantar fasciitis.
2. Contusion/sprain-foot.
3. Tendonitis-foot.

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4. Uncomplicated fracture-foot.
5. Contusion/sprain-ankle.
6. Tendonitis/tendon tear-ankle.
7. Ligament injury/tear-ankle.
8. Achilles tendon injuries.
9. Uncomplicated fractures-ankle.
10. Complex fractures-foot/ankle.

As part of my review process, I have been asked to answer three main questions as to how the ODG Guidelines will affect the treatment of injured workers. Those questions are as follows:

1. Will the ODG Guides improve medical treatment for injured workers?
2. Will the ODG Guides make treatment and claims processing more efficient and cost-effective?
3. Will the Guidelines adequately cover the body parts or conditions?

In reviewing the ankle and foot section of the ODG Guides, its most recent update was listed as 10/13/2017, which indicates the recommendations are current based on literature reviewed. For both the soft tissue and bony injuries, I found the ODG Guides to be easy to follow with a wide variety of treatment options.

The conservative recommendations for strains, sprains, contusions, tendonitis, and fasciitis were consistent with all the modalities and treatment options that a normal practitioner would recommend in their daily armamentarium of treating these types of injuries.

Evaluation for more involved injuries, including fractures, both simple and complex, provide a very specific, easy-to-follow protocol based on the surgical treatment that is chosen. Overall, I have found the ODG Guideline treatment recommendations for most foot and ankle work injuries to be reasonable, easy to follow, and consistent, with prudent medical decision-making.

In reviewing rehabilitation therapy of work injuries, there appears to be some discrepancies in the Guides' allowance for physical therapy. For example, therapy for foot and ankle sprains recommends nine visits over eight weeks. In 35 years of active practice, I have yet to have a patient with a grade II ankle sprain completely resolve their symptoms with a minimum of nine physical therapies. Likewise, in the treatment of plantar fasciitis, the ODG Guides recommend six therapy visits over four weeks. In treating plantar fasciitis on a daily basis, this is an unrealistic recommendation. Simple ankle fractures recommend only 12 therapy visits over 12 weeks, which would be one therapy a week, which is, again, insufficient for rehabbing even a simple, uncomplicated ankle fracture.

Not every treating physician will agree wholeheartedly with the recommendations identified and outlined in the ankle and foot chapter of the ODG Guides. There is no question that all physicians will find many patients that fall through the cracks of the ODG Guidelines. If the ODG is incorporated as a requirement in treating injured work patients, the appeals process has to be a well-publicized entity because many patients will not fit the exact treatment criteria of the ODG Guides.

### **CONCLUSIONS:**

**1. *Will the ODG Guides improve medical treatment for injured workers?***

Response: Yes. I believe as long as the Guidelines are followed with the understanding that not every patient's treatment protocol will match the ODG Guides and that there is an appeal process, I believe overall injured workers' medical treatment will benefit from the ODG Guides and evidence-based medicine.

**2. *Will the ODG Guides make treatment and claims processing more efficient and cost-effective?***

Response: I do believe the ODG Guides will help make overall treatment more efficient. Whether or not it will benefit claims processing will be based totally on the knowledge of the individuals processing the claims. There has to be an understanding that not all patients fall into a "black-and-white" treatment protocol. In all reality, cost effectiveness will not be realized until treating physicians have a true understanding of how the use of the ODG Guides can improve their treatment process.

**3. *Do the ODG Guidelines adequately cover body parts or conditions?***

Response: In review of the ankle/foot chapter of the ODG Guidelines, the foot and ankle are efficiently covered, certainly with the most common injuries, diagnoses, and treatment procedures.

Overall, I would recommend that the ODG Guidelines be incorporated by The Industrial Commission of Arizona for the treatment of injured workers.

Ms. Jacqueline Kurth  
November 6, 2017  
Page 4 of 4

Thank you for the opportunity of participating in this review and assisting The Industrial Commission of Arizona in improving overall treatment care for injured workers.

Sincerely,



Dr. William J. Leonetti, FACFAS

WJL/mr