MAXIMUS Federal Services

Case Number:	CM13-0016178		
Date Assigned:	03/12/2014	Date of Injury:	07/23/2012
Decision Date:	04/30/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old male with date of injury of 7/23/2012. The most current medical record, a primary treating physician's report dated 6/20/2013, lists the subjective complaints as pain in the right ankle and foot, which continues to prevent normal ambulation. The objective findings indicate an examination of the right ankle and foot, which revealed osteitis, neuritis, tenosynovitis of the right medial and lateral ankle ligaments and joint area and Achilles tendonitis. The diagnoses include: 1. Tenosynovitis; 2. Ligament sprain/strain of the ankle; and Final Determination Letter for IMR Case Number [redacted] Adhesions of the ankle joint and tendons. There is no documentation that the patient has a foot drop.

IMR ISSUES, DECISIONS AND RATIONALES

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

AFO BRACE - MANUFACTURE/CASTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation ODG foot/ankle: AFO.

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), Ankle Foot Orthosis (AFO).

Decision rationale: The purpose of an AFO splint is to treat the condition of a foot drop typically caused by peroneal nerve injury or injury to the L5 nerve root. The patient does not suffer from this condition. The Official Disability Guidelines recommend an AFO splint as an option for foot drop, and for use during surgical or neurologic recovery. An AFO brace-manufacturer/casting is not medically necessary.