

Case Number:	CM13-0028583		
Date Assigned:	12/18/2013	Date of Injury:	03/13/2013
Decision Date:	02/27/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for foot and ankle pain reportedly associated with an industrial injury of March 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; x rays of the injured foot and ankle of March 13, 2013, interpreted as normal; work restrictions; and unspecified amounts of physical therapy. In a utilization review report of September 16, 2013, the claims administrator certified a request for x-rays of the ankle and denied a request for a custom-made functional ankle foot brace, rear foot posting, forefoot posting, and a hinge combination across the ankle joint. The applicant appealed, on September 16, 2013, stating that many police, fire, and correctional officers use these orthotics. The utilization review report of September 16, 2013 does suggest that the applicant previously used prefabricated ankle brace, which provided incomplete analgesia. An earlier clinical progress note of August 27, 2013 is notable for comments that the applicant is using Naprosyn and Norco for pain relief. He has had 12 sessions of physical therapy. He has persistent lateral ankle pain. There is tenderness appreciated about the lateral malleolus with normal ankle range of motion despite pain. 5/5 strength is noted. The applicant is having difficulty balancing himself. He is asked to obtain a custom-made ankle foot brace/orthotic with rear foot and forefoot posting and a combination across the ankle joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom made functional ankle-foot brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 367-377.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 14, a rigid orthotics may reduce pain experience during walking and may reduce more global measures of pain and disability for applicants with issues such as plantar fasciitis and metatarsalgia. In this case, the applicant has persistent ankle and foot pain despite introduction of over-the-counter orthoses, time, medications, physical therapy, and other conservative treatments. Custom-made orthoses/functional ankle foot brace are therefore indicated. Accordingly, the request is certified as written.

Forefoot posting Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 367-377.

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

Decision rationale: Again, the posting represents a form of tape or other attachment to the placed on the sole of the brace/orthotic. As noted in the MTUS-adopted ACOEM Guidelines in chapter 14, the orthotics/functional braces are endorsed to try and reduce pain and disability in those applicants with various ankle and foot diagnoses. Since the orthotic itself has been certified, the associated posting is likewise certified.

Rearfoot posting Quantity 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 367-377.

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

Decision rationale: This posting represents a form of tape or other posting employed as a means of stabilizing an orthotic. Since the orthotic/ankle foot brace has been certified above, in answer #1, the associated posting is also indicated and likewise certified.

Hinge accommodation across ankle joint Quantity 2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 367-377.

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

Decision rationale: Again, this represents an appendage to the orthotic/functional foot brace certified in response #1. Since this device has been certified, the associated appendage is certified as MTUS-adopted ACOEM Guidelines in chapter 14 do endorse provision of orthotics/functional foot braces in various contexts, including the subacute-to-subchronic ankle and foot pain reportedly present here. For all of these reasons, then, the request is certified, on independent medical review