MAXIMUS Federal Services

Case Number:	CM13-0030576		
Date Assigned:	12/13/2013	Date of Injury:	04/08/2013
Decision Date:	02/19/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/30/2013

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 patient is a 47 year old female with DOI of 4/8/13 who is diagnosed with Achilles tendonitis and bursitis. She has been treated with PT, medications, and modified duty. Her exam on 8/13/2013 showed tenderness to deep touch on the posterior Achilles tendon, normal ROM, no laxity, no swelling, she was able to heel toe walk normally. Her diagnosis was still partial tear of Achilles tendon. The patient was recommended a brace if MRI showed continued tear. She was approved a weight bearing orthotic on 8/28/13. MRI on 8/2/13 showed tendinopathy/tendonosis versus grade I intrasubstance partial thickness tearing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right double upright brace with dorsiflexion stop orthotic right ankle/foot: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Evidence: ACOEM 3rd edition, 2011 Achilles rupture

Decision rationale: MTUS does not address the type of bracing needed for Achilles tears. However, ACOEM 3rd edition does recommend "Non-operative management with functional

splinting and casting for Achilles tendon rupture (C)" There is no indication in the guides for the particular type of brace. This should be left to the clinician's judgment. There is no indication for a customized brace. As guides allow for the use of braces for this issue, the request is appropriate.