

Case Number:	CM13-0052831		
Date Assigned:	12/30/2013	Date of Injury:	11/24/1998
Decision Date:	03/10/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/17/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient was injured on 11/24/1998. According to the 10/30/13 podiatry report, his diagnoses include left foot metatarsalgia and traumatic OA. [REDACTED] notes the patient has moderate pitting edema over both ankles. The patient had a waddling gait and Genu Valgum He recommends a custom AFO brace and a venous compression pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for custom AFO brace for the left foot and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: ACOEM guidelines briefly discuss foot bracing on page 371, stating it should be for as short a time as possible. The specific AFO was not discussed, so ODG guidelines were consulted. ODG guidelines states an AFO is: " Recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery." The

10/30/13 medical report does not mention any foot drop, or surgery. The use of a custom AFO does not appear to be in accordance with ACOEM guidelines.

request for Venous compression pump.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG.,

Decision rationale: MTUS and ACOEM guidelines do not mention compression pumps for the foot/ankle. ODG guidelines were consulted, and under vasopneumatic devices, states: "Recommended as an option to reduce edema after acute injury." This patient was not found to have an acute injury, and the edema was described as bilateral pitting edema, which usually seen with systemic heart condition rather than with left foot metatarsalgia. The request for a compression pump for a chronic condition is not in accordance with ODG guidelines.