

Case Number:	CM13-0059352		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2010
Decision Date:	03/18/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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 Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information this pt suffered a right foot twisting injury on 9-1-2010. She did not seek treatment until one month after the incident and had x rays taken which revealed a fracture of the 5th metatarsal base. She was apparently casted and eventually underwent surgical intervention on 10-31-2012. Follow up treatments have included oral steroids, CAM walker, as well as local steroid injections to the painful area lateral right foot. An MRI dated 5-24-2013 reveals thickening of the peroneal tendons right foot. On 8-1-2013 pt was noted to have continued right foot and ankle pain, peroneal brevis weakness, and altered gait causing back pain. A Ritchie brace AFO was prescribed as well as physical therapy. On 10-31-2013 she presented to her podiatrist for right foot and ankle evaluation. She has been wearing a traditional AFO for 6 weeks, with some resolution of her pain. (This device was not the type of AFO originally prescribed by her podiatrist) The patient admits to ankle pain and shin irritation when she wears this brace. Pt continues to point to a mass to the outer aspect of her right foot. Physical exam showed a mass to the insertion of the peroneal brevis tendon, with considerably less swelling to the foot as compared to prior visits. Diagnoses stated that visit include S/P surgical intervention with removal of chronically fractured os peroneum within the peroneus longus tendon and collapse of the peroneal longus and brevis tendons as the level of the 5th metatarsal base, chronic subacute pain, chronic depression pain induced, wrong AFO. The podiatrist recommended a psych evaluation, wear current brace to toleration, and prescribed again a Ritchie type AFO brace to allow for more saggital plane motion, comfort, and compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ritchie Brace- AFO: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle, Ankle and foot orthoses,(AFO)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle, Ankle and foot orthoses,(AFO)

Decision rationale: After careful consideration of the enclosed information and the coverage criteria for a Ritchie type AFO, It is my feeling that the Ritchie Brace AFO is not medically necessary. The ACOEM MTUS guidelines are quiet concerning use of AFOs. The ODG however states that AFOs are recommended for foot drop, or for surgical or neurologic recovery. Neither of which are the reason this patient has been prescribed the Ritchie brace. When as stroke causes ankle instability of spasticity, an AFO may be used for control, however there is no record of this patient having any ankle instability.