

Case Number:	CM13-0067484		
Date Assigned:	01/03/2014	Date of Injury:	08/03/2012
Decision Date:	08/08/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that 59-year-old male was reportedly injured on August 3, 2012. The mechanism of injury was noted to be moving heavy machinery. The most recent progress note, dated November 15, 2013, indicated there were ongoing complaints of low back pain radiating to the right lower extremity with numbness and weakness in the L4, L5, and S1 nerve distributions. The physical examination demonstrated ambulation with a front wheel walker and an unsteady gait without any evidence of a foot drop. He was able to perform a heel-toe walk as well as a heel-toe raise. There was tenderness along the right-sided paravertebral muscles and near full lumbar spine range of motion. There was full muscle strength of the lower extremities except for at 4-/5 on the right extensor hallucis longus (EHL) and extensor digitorum longus (EDL) and a 4+/5 with the right tibialis anterior. There was decreased sensation at the bilateral lower extremity first web space. A new electrodiagnostic (EMG/NCV) study of the bilateral lower extremities was recommended. Previous treatment included a T10 through S1 laminectomy and physical therapy. A request was made for a left foot custom molded ankle foot orthosis and was not certified in the pre-authorization process on December 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT FOOT CUSTOM MOLDED ANKLE FOOT ORTHOSIS (AFO): Upheld

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

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

Decision rationale: According to the most recent progress note dated November 15, 2013, the injured employee was able to do heel/toe walking, and there was full muscle strength in the left lower extremity. Due to the documented full muscle strength and the ability to do heel/toe walking, the medical necessity has not been established. Therefore the request for a left foot custom molded ankle foot orthosis is not medically necessary.