MAXIMUS Federal Services

Case Number:	CM13-0071908		
Date Assigned:	01/08/2014	Date of Injury:	03/05/2012
Decision Date:	05/30/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/30/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 43 year old male with reported date of injury on 03/05/2012. The injury reportedly occurred while working as a fork lift driver. According to the progress note dated 07/18/2013 the injured worker complained of left ankle pain that intensified after activity. The injured worker's diagnoses included right ankle posterior tibialis tenosynovitis according to the MRI performed on 08/28/2013. The progress noted dated 10/04/2013, documented that the injured worker walked with a normal gait, and could walk on his heels and toes bilaterally without difficulty. The injured worker reported his pain was rated 5/10. The injured worker's medication regimen was not available within the clinical documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ANKLE FOOT ORTHOSIS (AFO) ORTHOTIC BRACE THAT WILL GO UP TO MID-TIBIA: 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-TWC) 2013, Ankle & Foot, Ankle Foot Orthosis (AFO).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter, Ankle Foot Orthosis (AFO).

Decision rationale: According to the Official Disability Guidelines the Ankle foot orthosis is recommended as an option for foot drop. An ankle foot orthosis is also used during surgical or neurologic recovery. There is a lack of documentation of a diagnosis of foot drop. It did not appear the orthosis would be utilized for post surgical or neurologic recovery. Therefore, this request for an AFO is not medically necessary.