

Case Number:	CM14-0007249		
Date Assigned:	02/12/2014	Date of Injury:	10/01/1993
Decision Date:	06/24/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/20/2014

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, has a subspecialty in Pain Medicine 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 60 year old male whose date of injury is 10/01/1993. The mechanism of injury is described as repetitive work duties including loading, unloading and driving. The injured worker has a 20 year history of lumbar spine and foot condition; he has a foot drop. Pain medicine re-evaluation dated 06/10/13 indicates that he complains of low back pain that radiates to the bilateral lower extremities. Diagnoses are lumbar radiculopathy, status post lumbar fusion, cervical radiculopathy, status post cervical fusion, chronic pain, status post T11-12 discectomy, and T7-8 compression fracture. A note dated 10/14/13 indicates that the injured worker was recommended to utilize an orthotic foot brace. Re-evaluation dated 12/09/13 indicates that on physical examination foot drop was present bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOTIC SHOES TO GO WITH AFO (ANKLE-FOOT ORTHOTIC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle Foot Orthosis.

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 Chapter, Ankle Foot orthosis (AFO).

Decision rationale: Based on the clinical information provided, the request for orthotic shoes to go with AFO (ankle-foot orthotic) is not recommended as medically necessary. There is insufficient clinical information provided to support this request. There is no clear rationale provided to support the request at this time. It is unclear why regular shoes cannot be utilized in conjunction with the injured worker's ankle foot orthotic.