

Case Number:	CM14-0009842		
Date Assigned:	02/21/2014	Date of Injury:	04/26/2010
Decision Date:	06/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 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 patient is a 58-year-old male who was injured on 4/26/10. He has been diagnosed with bilateral L5/S1 radiculopathy; status post fusion for myelopathy C4/5, C5/6, C6/7 on 9/10/11; status post left and right carpal tunnel release, left carpal tunnel release (CTR) on 6/28/12, the right CTR was on 8/15/13; status post lumbar decompression and fusion T11-L2 (12/10/12); status post lumbar laminectomy and discectomy and interbody fusion L4/5 (12/10/12); and head contusion. The Independent Medical Review (IMR) application shows a dispute on the 1/16/14 Utilization Review (UR) decision against an ankle-foot orthosis (AFO). No medical reports provided that request the AFO or discuss rationale. According to the 1/16/14 UR letter, they were provided an illegible report dated 12/29/13. The UR letter states the indication for the AFO is foot drop, and that the records show foot drop, but that the AFO was denied because there is no clinical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

STATIC AFO WITH A PLASTIC MODIFIED LOW EXT PAD/LINE AND SOFT INTERFACE BELOW KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle chapter, Ankle foot orthosis (AFO).

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

Decision rationale: The patient has had multiple surgical procedures involving the neck, low back and upper extremities. There is a request or report dated 12/29/13, that Utilization Review (UR) reviewed, for a custom below the knee ankle-foot orthosis (AFO), but in the 687 pages of records provided for Independent Medical Review (IMR), such report was not able for review. There is a 10/23/13 orthopedic report from [REDACTED], that states the patient reports increased numbness and weakness in both legs, he walks with a walker, and on exam has normal motor exam from L1 to S1, specifically including ankle dorsiflexion and plantarflexion. [REDACTED] notes the patient is de-conditioned and needed physical therapy (PT), and requested MR studies. The 11/20/13 report notes the patient was not able to attend PT as he was having difficulty standing and walking and used a wheelchair. The follow-up report is dated 12/20/13 and states the patient was admitted to the hospital from the ER, for thoracic cord compression or transverse myelitis. He was not able to stand or ambulate independently. Sensory level was T4. He was sent to neurology, and recommended for surgical decompression. There is an operative report dated 12/24/13 for laminectomy T2-T4. The 1/29/14 report from [REDACTED] states the patient has recovered sensation in the abdomen and lower extremities, but no motor function and left hand grip remains weak. [REDACTED] notes there is need for cervical decompression, but there were complications with unstable blood pressure from the thoracic surgery, and it was felt to be too risky at this time. [REDACTED] believes it unlikely that the patient will ever walk again. At the time of the request, which was one week after the emergency thoracic decompression when the patient was recovering and regaining the sensory function and was anticipated to gain improvement in motor function. The request is approved as the Official Disability Guidelines (ODG) states that AFO are used during surgical or neurological recovery.