

Case Number:	CM14-0102835		
Date Assigned:	07/30/2014	Date of Injury:	01/05/2000
Decision Date:	10/30/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/03/2014

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 Family Medicine, 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 injured worker is a 57 year old female who had a work related injury on 01/05/00. Mechanism of injury was not described. The only clinical documentation submitted for review was dated 05/29/14 as a handwritten note. The injured worker had very painful left foot 2/10 resting, 6/10 with weight bearing activities. Orthotics were worn and non-effective. Physical examination revealed moderate tenderness, induration 1+ edema. She walked with a limp with excessive pronation and instability. Diagnosis is repetitive overuse upper extremities injury, first metacarpal carpal synovitis, fasciitis/tendinitis left foot, and signs and symptoms of lumbar spine pain. Prior utilization review on 06/09/14 was non-certified. Current request is for static or dynamic AFO.

IMR ISSUES, DECISIONS AND RATIONALES

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

Static or Dynamic AFO: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot- Orthotic Devices

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: The request for static or dynamic AFO is not medically necessary. Clinical documentation submitted for review does not support the request. The clinical documentation submitted for review does not have a clear indication of why the request for AFO has been submitted when the clinical records show that she has plantar fasciitis. Recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and, if necessary, push-off stimulation during the late stance phase. As such medical necessity has not been substantiated.