

Case Number:	CM14-0106469		
Date Assigned:	07/30/2014	Date of Injury:	12/06/1994
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/09/2014

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 & Rehab and is licensed to practice in Illinois. 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 51-year-old male who reported an injury on 12/06/1994. The mechanism of injury was not provided for review. The injured worker ultimately developed complex regional pain syndrome complicated by right foot drop. The injured worker's treatment history included an intrathecal pain pump, pain management and psychiatric support. The injured worker was evaluated on 03/19/2014. It was noted that the injured worker continued to have an abnormal speech pattern with right-sided weakness allodynia and right foot drop. The injured worker's diagnoses included complex regional pain syndrome with foot drop, major depressive disorder, hypertension, and medication induced constipation. A Request for Authorization was submitted for durable medical equipment. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle foot orthosis double upright metal, double action ankle x2 ; foot plate molded with stirrup, non-corrosive finish per bar x2: long tongue stirrup, mens shoe oxford.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle and Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

Decision rationale: The requested ankle/foot arthrosis double upright metal, double action ankle times 2; foot plate molded with stirrup, non-corrosive finish per bar times 2: long tongue stirrup, men's shoe oxford is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has foot drop. The American College of Occupational and Environmental Medicine recommends orthotics for ankle and foot injuries. This diagnosis with associated symptomology would benefit from the requested equipment. However, there is no justification within the documentation as to whether this is an initial treatment or replacement equipment. In the absence of this information, the appropriateness of the request cannot be determined. As such, the requested ankle foot arthrosis upright metal, double action ankle times 2; foot plate molded with stirrup, non-corrosive finish per bar times 2: long tongue stirrup, men's shoe oxford is not medically necessary or appropriate.