

Case Number:	CM14-0128773		
Date Assigned:	08/18/2014	Date of Injury:	10/05/2006
Decision Date:	09/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/13/2014

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 Orthopedic Surgery 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 claimant is a 39-year-old with an industrial injury dated October 5, 2006. The patient is status post a right foot Morton's neuroma excision as of February 2010. He is also status post arthrodesis of the right subtalar joint in which was done in November 2010 with hardware removal on July 6, 2012. The patient has completed 16+ alcohol sclerosing injections. Exam note June 10, 2013 states the patient had a CT of the right ankle in which demonstrated severe degenerative change of the posterior aspect of the posterior subtalar joint and the possibility of loose bodies present. Exam note February 4, 2014 states a recommendation of completing a repeat Electrodiagnostic testing to determine if the patient still has right tarsal tunnel syndrome. Exam note June 25, 2014 states the patient returns with right foot and ankle pain. The patient reports swelling and pain along the posterior tibial tendon of the left foot due to compensation from the right side, in addition to lacking stability when standing and walking. Xrays of the right foot demonstrate evidence of positive for good alignment of the subtalar joint, positive for good fusion of the subtalar joint, negative for an displacement, and positive for soft tissue swelling along the anterior talofibular ligament. Treatment plan includes ankle/foot orthoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arizona braces, one pair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic) see Bracing (immobilization).

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

Decision rationale: The Ankle and Foot Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines states that "prolonged supports or bracing without exercise (due to risk of debilitation) is not recommended." According to ODG, Ankle and Foot (Acute & Chronic) Arizona Brace is not recommended in the absence of a clearly unstable joint. There are no quality published studies specific to the Arizona Brace. The exam note from June 25, 2014 demonstrates pain along the posterior tibial tendon but no evidence of instability. Therefore the request for Arizona braces, one pair, is not medically necessary or appropriate.

Casting: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The medical necessity for Arizona brace and associated casting and plaster is not established.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Plaster: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The medical necessity for Arizona brace and associated casting and plaster is not established.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.