

Case Number:	CM14-0043099		
Date Assigned:	04/21/2014	Date of Injury:	11/24/2010
Decision Date:	07/02/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/14/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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:

This is a 56-year-old gentleman who was injured when a forklift ran over his foot in a work related accident on November 20, 2010. According to the records provided for review the claimant sustained an ankle fracture and required open reduction and internal fixation. A 01/15/14 progress report noted ongoing foot pain and that the recent use of a TENS device, medication management and activity restrictions had been mildly beneficial. Physical examination revealed tenderness along the medial plantar heel, the central plantar heel and the midfoot. There are dysesthesias and a positive Tinel's test. The report also documents that other treatments in the form of immobilization, topical compounded creams and bracing have been utilized. The claimant's diagnosis is entrapment neuritis. A custom AFO brace to help control his deformity and instability was recommended as well as surgery for decompression of the previous scar entrapment neuritis. No formal imaging reports were provided for review. There is indication that previous operative procedure has included open reduction internal fixation of prior ankle fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM AFO: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine ACOEM Guidelines do not recommend the use of bracing for subacute and chronic ankle and foot disorders. This is supported by the Official Disability Guidelines that only recommends a foot/ankle arthrosis as an option for drop foot and also used during the surgical or neurologic recovery of a surgical process. While the records indicate continued pain, there is currently no indication of drop foot or neurologic findings that would demonstrate need for a foot/ankle arthrosis. Therefore, the request for a custom AFO cannot be recommended as medically necessary.

**DECOMPRESSION ALONG PREVIOUS ENTRAPMENT NEURITIS SCAR AREA
RIGHT HEEL, CANCEAL AND CAL-BR_PTN R:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: California American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend surgical referral if there is clear clinical evidence and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. In this case, there is currently no documentation of imaging postoperatively to identify a surgical lesion. There is also not documentation of physical examination findings that would support the need for a decompressed procedure along the previous area of the incision. Therefore, the request for decompression along the previous entrapment neuritis scar area of the heel cannot be supported as medically necessary.