

<b>Case Number:</b>	CM14-0067161		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 39-year-old female who was injured on November 12, 2012. The patient continued to experience pain in her mid-back, bilateral knees, bilateral ankles and feet. Physical examination was notable for tenderness to palpation to the left heel Achilles tendon, intact sensation of the foot, and normal capillary refill of the foot. Diagnoses included left ankle pain, left Achilles tendinitis, and left tarsal syndrome. Treatment included ankle and foot orthosis, physical therapy, and medications. Requests for authorization for AFO brace custom fit left lower extremity, orthopedic spine specialist, and orthopedic surgeon evaluation were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AFO-BRACE CUSTOM FIT LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Bracing.

**Decision rationale:** Bracing is not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. For mild-to-moderate ankle sprains, functional treatment options (which can consist of elastic bandaging, soft casting, taping or orthoses with associated coordination training) were found to be statistically better than immobilization for multiple outcome measures. Therefore, the request is not medically necessary.

**ORTHOPEDIC SPINE SPECIALIST EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**Decision rationale:** Referral for surgical consultation is indicated for patients who have: 1) Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, 2) Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, 3) Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and Failure of conservative treatment to resolve disabling radicular symptoms. In this case there is no documentation of the above-mentioned indications. There is no physical examination documented on the back. Therefore, the request is not medically necessary.

**ORTHOPEDIC SURGEON EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

**Decision rationale:** Referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. In this case the request for orthopedic evaluation was for knee pain. In this case there is no documentation of physical examination of the knees. Documentation does not support the need for orthopedic evaluation of the knees. Therefore, the request is not medically necessary.