

<b>Case Number:</b>	CM14-0076106		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 39-year-old individual was reportedly injured on 8/25/2010. The mechanism of injury was noted as a fall. The most recent progress note, dated 4/28/2014, indicated that there were ongoing complaints of low back and right ankle pains. The physical examination demonstrated right ankle diffuse tenderness to palpation around the right ankle joint. Pain and crepitus were with range of motion. Diagnostic imaging studies included x-rays taken today, which revealed significant joint space narrowing of the right ankle joint with slight increase and medial clear space present. Arthritic spurs from the medial and lateral aspects were noted. Previous treatment included right ankle surgery, physical therapy, ankle brace, and medications. A request had been made for AFO for the right ankle and was not certified in the pre-authorization process on 5/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ankle-foot Orthosis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 (Acute & Chronic). Ankle Foot Arthrosis. Updated 7/29/2014.

**Decision rationale:** ODG guideline states an ankle foot arthrosis is recommended as an option for foot drop. Also, it is used during surgical or neurological recovery. Its purpose is to provide total hours of flexion during the swing phase, stability at the ankle during stance, and if necessary, pushoff stimulation during the late stance phase. After review of the medical documentation provided, the injured worker does have ankle pain status post surgery; however, there are no objective clinical findings that meet the current criteria listed above. Therefore, this request is deemed not medically necessary.