

Case Number:	CM14-0076871		
Date Assigned:	07/18/2014	Date of Injury:	06/08/2003
Decision Date:	12/31/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

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, has a subspecialty in Interventional Spine 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 patient is a 53 year old with an injury date on 6/8/03. Patient complains of worsening low lumbar pain, radiating down legs to the feet per 4/28/14 report. Patient describes pain as constant, lasting throughout the day, and rated 3/10 per 4/28/14 report. Based on the 4/28/14 progress report provided by the treating physician, the diagnosis is s/s of lumbar region. Exam on 4/28/14 showed "right ankle dorsiflexion is 5/5, left ankle dorsiflexion is 5/5." Patient's treatment history includes medications, TENS unit (which has given 20-40% relief). The treating physician is requesting bilateral ankle brace. The utilization review determination being challenged is dated 5/9/14 and denies request due to lack of documentation of prior therapy results, and documentation of ankle instability. The requesting physician provided treatment reports from 2/6/14 to 4/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral ankle brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) : Ankle chapter. Topic: Ankle foot orthosis (AFO)

Decision rationale: This patient presents with lower back pain, bilateral leg/lower extremity pain. The treater has asked for BILATERAL ANKLE BRACE on 4/28/14 as "gait instability has been aggravating the integrity of her lumbosacral spine. She has been compensating significantly, leading to muscle spasms...potentially contributing to the swelling in her ankles." The patient has a pes planus deformity that is stressing the posterior tibial tendon per 4/28/14 report. Regarding Ankle foot orthosis (AFO), ODG guidelines recommend as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and, if necessary, push-off stimulation during the late stance phase. ACOEM chapter 14, briefly discuss foot bracing on page 371, stating it should be for as short a time as possible. In this case, the patient is not currently using an ankle brace. The patient has not had a recent surgery, and is not undergoing neurologic recovery. There is no documentation of the patient having foot drop. However, the patient has documented pes planus deformity that is stressing the posterior tibial tendon per 4/28/14 report, and has documented instability in her gait. The requested bilateral ankle braces appear medically reasonable. Recommendation is for authorization.