

<b>Case Number:</b>	CM14-0080912		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 44-year-old male with a date of injury of 10/20/12. The mechanism of injury occurred when he was delivering a hospital bed, he rolled his left ankle. The patient had surgery on 2/23/13 for left posterior tibialis tendon repair and flexor digitorum longus tendon repair. On 4/17/14, he noted his pain has been improving and stated he can walk 1 hour at a time, rest for 2 hours then continue to walk an additional hour. His edema has reduced significantly. On exam it was noted that the edema was reduced by 70% and palpable tenderness is also reduced significantly. It was noted that on the previous visit that surgery was not necessary at this time. The diagnostic impression is partial rupture of the posterior tibial tendon and impairment of the posterior tibial nerve. Treatment to date includes: surgery, physical therapy, and medication management. A UR decision dated 5/21/14 denied the request for a custom molded gauntlet style AFO with ankle hinge/casting. The ankle foot orthosis (AFO) was denied because ODG guidelines recommend AFO as an option for foot drop, and also used during surgical or neurological recovery. The documentation provided for review does not document the patient has foot drop, is actively recovering from surgery, or a neurological deficit such as a stroke that would support per the guidelines an AFO.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom molded gauntlet style AFO with ankle hinge/ casting left ankle: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th edition (web), 2013, Ankle and Foot/ Ankle Foot Orthosis (AFO).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter.

**Decision rationale:** CA MTUS states that braces and supports are recommended in the management of injuries to the ankle and foot. For acute injuries, immobilization and weight bearing as tolerated; taping or bracing later to avoid exacerbation or for prevention. For appropriate diagnoses, rigid orthotics, metatarsal bars, heel donut, and toe separator are all supported. ODG states that ankle foot orthosis are recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. However, this is not an acute injury and on 4/17/14, the patient reported a decrease in pain and was able to walk for 1 hour without resting. It was stated the patient is not in need of surgery, and the physician recommended an ankle brace and the patient was to increase physical activity as tolerated. Guidelines recommend AFO as an option for several conditions: foot drop, and also used during surgical or neurological recovery. The patient is not in need of surgery nor is he actively recovering from surgery, his last surgery performed on 2/23/13. He does not have a diagnosis of foot drop nor is he recovering from a neurological condition. Therefore, the request for a custom molded gauntlet style AFO with ankle hinge/casting left ankle is not medically necessary.