

Case Number:	CM13-0033416		
Date Assigned:	12/06/2013	Date of Injury:	10/01/1993
Decision Date:	01/28/2015	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/09/2013

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 Family Practice 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:

According to the medical records the patient is a 58-year-old female who sustained an industrial injury on October 1, 1993. The medical records indicate that on the date of the injury the patient slipped and fell onto concrete leading to an injury to her left knee. After sustaining the initial injury, she developed progressive symptoms of right knee and lower back pain. The medical records indicate that the patient is status post lumbar discectomy right L3-L4, L4-L5 on January 25, 2013. She has also undergone multiple knee surgeries. Her diagnoses includes post laminectomy syndrome, lumbago, and myalgia. At a six-month postop visit after her lumbar spine surgery, it was noted that the patient no longer had her preoperative right leg pain. She complained of some persistent paresthesias in her right foot. Examination did not reveal motor deficits. The patient was seen on August 12, 2013 at which time she complained of persistent numbness in the right lower extremity. Lower extremity examination revealed normal strength. Utilization review was performed on September 18, 2013 at which time the request for AFO brace on the right side was noncertified. The peer reviewer noted that this is not a knee brace and is frequently used for weakness of the ankle or some neurologic disorder involving the foot and ankle. This was not documented and as such, the request for right side AFO brace was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

AFO (Ankle Foot Orthosis) Brace, Right Side: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle Chapter, Ankle foot orthosis

Decision rationale: References state the ankle foot orthosis (AFO) is recommended as an option for foot drop. References also state that an ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. In this case, there is no evidence of foot drop, and post-operative examinations have revealed intact lower extremity strength. As such, the medical necessity of an AFO brace has not been established.