

Case Number:	CM14-0195691		
Date Assigned:	12/03/2014	Date of Injury:	05/07/2002
Decision Date:	01/15/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational Medicine 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 injured worker was a 51 year old female who was injured on the job May 7, 2002. The injury occurred while assisting to push a helicopter out of the hanger and a tire ran over her right foot. The injured worker was diagnosed with caualgisa of the right lower extremity with right foot drop. According to the progress note of April 29, 2014, the injured worker suffers from pain in both lower extremities and lower back which radiates down the back of the legs. The pain was described as sharp, stabbing, shooting, cramping, tingling, burning, dull, aching, gnawing, nagging, throbbing and severe. The injured worker scaled her pain as a 6-7 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was on several medications for pain along with topical patches and topical cream. The injured worker has had five right ankle surgeries, physical therapy and AFO (Ankle Foot Orthosis) to the right lower extremity due to right lower leg muscle atrophy and right foot drag from mild foot drop. According to the progress note of May 7, 2014 the orthotic was broken the top cover and the medial phalange for the right lower extremity. The left orthotic was also completely worn out. The AFO were adjusted however remain ill fitting. On June 10, 2014, the injured worker was complaining of the AFO causing pain in the right knee and digging into the right ankle causing a burning sensation. On October 24, 2014, the UR denied the right ankle brace due to the ODG guidelines regarding bracing (immobilization) for the ankle and foot not recommended in the absence of the clearly unstable joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th edition (web), 2014, Ankle & Foot

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: The ODG recommends the use of ankle foot orthosis as an option for foot drop. 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. An AFO is helpful only if the foot can achieve plantigrade position when standing. Any equinus contracture prohibits its successful use. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. If the AFO fits posterior to the malleoli (posterior leaf spring type), plantar flexion at heel strike is allowed, and push-off returns the foot to neutral for the swing phase. This provides dorsiflexion assistance in instances of flaccid or mild spastic equinovarus deformity. A shoe-clasp orthosis that attaches directly to the heel counter of the shoe also may be used. The request for Right Ankle Brace is determined to be medically necessary.