

<b>Case Number:</b>	CM14-0200238		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	07/13/2000
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, has a subspecialty in Pain Management 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 is a 43 year old male who sustained a work related injury July 13, 2000. An MRI of the right knee without contrast, dated June 23, 2014, reveals degenerative signal involving the body and posterior horn of the medial meniscus without definite evidence for a meniscal tear and discoid lateral meniscus (report present in case file). A primary treating physician's progress report dated November 11, 2014, finds the injured worker presenting with complaints of; moderate to severe low back pain which increases in intensity with prolonged walking, standing, bending, going up and down stairs and walking on uneven surfaces. He also has spasms of the low back and stabbing sensation of his right big toe and top of his ankle. According to the treating physician, the injured worker walks daily as part of his home exercise plan and the right knee complaints are unchanged. Physical examination revealed the injured worker is 6 feet and 276 pounds. The left knee reveals palpable tenderness over the medial aspect and patellar grinding, tightness of the hamstrings. The knee is stable to varus and valgus stress and McMurray's test is positive. Plain films of the left knee obtained November 11, 2014, reveals patella baja; the patella is laterally tilted (report not present in case file). Diagnoses are documented as; disc protrusion and degeneration, lumbar spinal stenosis, degenerative right knee posterior, s/p ALIF (anterior lumbar interbody fusion) and selective nerve root. Treatment included a request for authorization for a short course of physical therapy treatment 2 x 4 left knee, re-evaluation of the left knee, home exercise program, follow-up with [REDACTED] for evaluation of the AFO (ankle foot orthosis) right knee brace. Work status documented as total temporary disability. According to utilization review performed November 15, 2014, Dynamic Response AFO and a custom carbon fiber AFO are non-certified. Citing ACOEM and Official Disability Guidelines, there are no subjective complaints of difficulty walking or objective findings of neurological deficit or treatment of foot drop.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Dynamic Response AFO: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic)

**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, Orthotic Devices.

**Decision rationale:** Regarding the request for 1 Dynamic Response AFO, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is no documentation of plantar fasciitis or foot pain in rheumatoid arthritis. There is no mention of a trial with a prefabricated orthosis. In addition, there is no documentation that the orthosis will be needed for long-term pain control. In light of the above issues, the current request for 1 Dynamic Response AFO is not medically necessary.

### **1 custom carbon fiber AFO: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic)

**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, Orthotic Devices.

**Decision rationale:** Regarding the request for 1 custom carbon fiber AFO, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is no documentation of plantar fasciitis or foot pain in rheumatoid arthritis. There is no mention of a trial with a prefabricated orthosis. In addition, there is no documentation that the orthosis will be needed for long-term pain control. In

light of the above issues, the current request for 1 custom carbon fiber AFO is not medically necessary.