

<b>Case Number:</b>	CM15-0100835		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 49 year old female, who sustained an industrial injury on October 1, 2011, incurring left knee injuries. She was diagnosed with patellofemoral arthritis and medial and lateral meniscal tears. Treatment included pain management, knee injections, neuropathic medications and work restrictions. The injured worker refused any surgical interventions on her knee. From clinic note on 4/8/15, the injured worker complained of persistent knee, ankle and foot pain when walking. The hyaluronic acid injection of the left knee was unsuccessful. There is no mention of physical exam findings for the ankle nor is there a specific diagnoses involving the ankle. The treatment plan that was requested for authorization included a solid poly AFO rationalizing that "if we can help eliminate the pain in her ankle that might facilitate her quality of life quite a bit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Solid Poly AFO:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation ODG TWC Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

**Decision rationale:** According to the cited guidelines, braces are recommended with documented evidence of ligament instability at the joint. From my review of the medical records there is no documented instability of the joint that would necessitate use of a rigid durable medical equipment such as the solid poly AFO. Additionally there are no recorded diagnoses or physical exam findings to support use of AFO at this time. Consequently the requested AFO is not supported as medically necessary based on the records and guidelines.