

Case Number:	CM15-0104063		
Date Assigned:	06/08/2015	Date of Injury:	08/12/2006
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/29/2015

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

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 45 year old male patient who sustained an industrial injury on 08/12/2006. The accident was described as while completing duty as a farm worker operating a tomato-harvesting machine the patient was driving the company car home and was hit head on by another vehicle resulting in multiple trauma injuries. He was hospitalized, treated for blunt trauma injury to the chest and abdomen with multiple fractures of the upper and lower extremities further complicated with deep vein thrombosis and surgical placement of venous filter. A secondary treating office visit dated 01/12/2015 reported chief complaints of right shoulder pain, right foot pain. The patient has current subjective complaint of having right shoulder and right foot pain described as throbbing, shooting, stabbing, sharp, gnawing and punishing pain. He has undergone numerous musculoskeletal operations regarding the industrial injuries. Current medications are: Oxycodone/APAP 10/325mg, OxyContin 40mg, and Tramadol 50mg. The plan of care involved the patient have a spinal cord stimulator trial. The patient is permanent and stationary as per 06/30/2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right foot Orthotics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Ankle foot orthosis (AFO).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Ankle Foot Orthosis (AFO).

Decision rationale: The Official Disability Guidelines only recommend an ankle foot orthotic (AFO) during surgical or neurologic recovery. 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. The patient does not meet the above requirements. Right foot orthotics is not medically necessary.