

Case Number:	CM15-0105446		
Date Assigned:	06/15/2015	Date of Injury:	01/15/2010
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old female injured worker suffered an industrial injury on 01/15/2010. The diagnoses included cervical spondylosis with myelopathy, displacement of intervertebral disc without myelopathy, lumbar spinal stenosis, brachial neuritis, and lumbar intervertebral disc without myelopathy. The injured worker had been treated with Baclofen pain pump. On 3/24/2015 the treating provider reported ongoing pain and cramping in the back and lower extremities. There was bilateral leg weakness causing increased mobility problem. There was acquired deformity of the ankle and foot. She reported several falls and near falls due to leg weakness. On exam there was neck pain with motion with radicular pain down both upper extremities and lower extremities. Cervical maneuvers bring about increased spasticity of the limbs and chest muscles. She was ambulating with crutches and walker. The reflexes were noted to be hyperactive. The treatment plan included AFO plastic with ankle joint fabricated. The medications listed are hydrocodone and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

AFO plastic with ankle joint fabricated: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Ankle and foot.

Decision rationale: The CA MTUS, ACOEM and the ODG guidelines recommend that durable medical equipment (DME) and appliances can be utilized to improve mobility, decrease pain and improve function when conservative treatment measures have failed. The records indicate that the patient was diagnosed with acquired ankle and foot deformity, difficulty with mobility despite use of crutches / walker and limitations of ankle / foot movements. The criteria for the utilization of AFO plastic with ankle joint fabrication as out outpatient was met. Therefore, the request is medically necessary.