MAXIMUS Federal Services

Case Number:	CM15-0163049		
Date Assigned:	08/31/2015	Date of Injury:	11/20/2014
Decision Date:	09/30/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/19/2015

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, New York
Certification(s)/Specialty: Podiatrist

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 21-year-old female, who sustained an industrial injury on 11-20-14. She reported injury to her right ankle after stepping into a pothole and twisting her ankle. The injured worker was diagnosed as having cuboid fracture of the right foot with injury to the cuboid metatarsal joint and probably the calcaneal cuboid joint. An overuse injury to the left knee is reported 7/7/15 consistent with unilateral crutch utilization for approximately one month. Before the 7/7/15 report, it is indicated that bilateral crutches were utilized, without report of existing left knee pain. Treatment to date has included An MRI, a right ankle x-ray, physical therapy, Ibuprofen and Tramadol. On 1-20-15, the injured worker's right ankle was placed in a cast and cast shoe for three weeks. On 2-17-15, the injured worker's right ankle was re-cast for an additional three weeks. By 3-10-15, the injured worker was using a walking boot and crutches for ambulation. As of the PR2 dated 7-7-15, the injured worker reports continued pain in her right foot. She also indicated pain in the left knee, which developed over the last month because of having to use the left extremity mainly for walking. Objective findings include pain at the cuboid joint at the metatarsal base region and the calcaneal cuboid joint at the side of the double articulation. A right side AFO is authorized. The treating physician requested a left ankle foot orthotic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle foot orthotic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Practice Guidelines, Knee complaints, Ankle and Foot Complaints Tables: 12-1, 12-2, 12-3, 13-1, 14-1, 14-2 Page(s): 11, 50, 58, 67, 290, 292, 294-5, 361, 363-364, 367-368, 370, 372, 374.

Decision rationale: Applicable MTUS guidelines do not support the application of bilateral lower extremity orthosis for the treatment of a unilateral condition. The injured worker is under treatment for a right sided fracture disorder. Left knee pain is relatively recent, fist reported ion 7/7/15. As reported, the condition is coincident with the discontinuation of bilateral crutch use. Crutch dependence in the record is then reported as unilateral. If additional treatment is indicated to address left lower extremity disorder, the type of treatment be should explained as well as the reasons for the treatment, and the possible benefits of the treatment. The record provides no such indication for a left lower extremity. AFO device the requested AFO orthotic for left lower extremity application is not certified as medically necessary.