

<b>Case Number:</b>	CM15-0180392		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/24/2014
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 74 year old male patient, who sustained an industrial injury on 9-24-14. He sustained the injury due to fall in a parking lot. The diagnoses include pain in ankle or foot joint and drop foot. Per the doctor's note dated 8-18-15, he had complains of left ankle pain and swelling. The physical examination revealed decreased dorsalis pedis pulsation on the left, left foot/ankle-drop foot gait, rigid 2nd and 3rd toe-hammertoe deformity. Per the doctor's note dated 5-27-15, he had pain at 8/10. He noted the symptoms are relieved by a walker, pain medicine and rest. He is currently working with modifications. The physical exam performed on 5-27-15 revealed limited range of motion of left foot with discomfort upon palpation over the anterior aspect of the medial malleolus as well as the anterior aspect of the tibiotalar joint space, significantly antalgic gait and using a lace up ankle brace as well as crutches. The medications list includes Primidone 50mg, Oxcarbazepine 300mg, Ibuprofen 800mg, Atorvastatin 10mg, Tramadol 50mg, Lisinopril 20mg, Aspirin 81mg and subcutaneous insulin. His past surgical history includes left leg vein balloon. His medical history includes diabetes and hypertension. He has had (MRI) magnetic resonance imaging of left tibia and fibula dated 4-1-15 which revealed tear of the tibialis anterior tendon and soft tissue swelling or mild tear involving a portion of the flexor hallucis longus muscle; MRI left ankle dated 7/8/2015 which revealed tears involving the tibialis anterior tendon, tibialis posterior tendon and peroneus brevis tendon, suspect partial tears of the posterior tibiofibular ligament and deep fibers of the deltoid ligament and mild osteoarthritis. Treatment to date has included left ankle brace-splint and activity modifications. The treatment plan included

recommendation for posterior spring leaf AFO brace. On 8-19-15 a request for authorization was submitted for custom orthotics AFO posterior leaf splint for left foot and ankle. Utilization review dated 8-28-15 non-certified a request for an AFO brace noting it is recommended as an option for foot drop and it is only helpful if the foot can achieve plantigrade position when standing; in this case it is noted the injured worker has multiple tendon tears, surgery is being pursued and treating conservatively is not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Posterior spring leaf AFO: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot (updated 06/22/15) Ankle foot orthosis (AFO).

**Decision rationale:** Posterior spring leaf AFO. Per the ACOEM guidelines "...orthotics... may reduce pain experienced during walking and may reduce more global measures of pain and disability..." In addition, per the ODG Ankle foot orthosis (AFO) is "Recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used 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. If the AFO fits posterior to the malleoli (posterior leaf spring type), plantar flexion at heel strike is allowed, and push-off returns the foot to neutral for the swing phase. This provides dorsiflexion assistance in instances of flaccid or mild spastic equinovarus deformity. A shoe-clasp orthosis that attaches directly to the heel counter of the shoe also may be used. (Geboers, 2002)." Per the records provided patient had left ankle pain and swelling. He had significant objective findings on the physical examination-left foot/ankle-drop foot gait, rigid 2nd and 3rd toe-hammertoe deformity. He has had (MRI) magnetic resonance imaging of left tibia and fibula dated 4-1-15 which revealed tear of the tibialis anterior tendon and soft tissue swelling or mild tear involving a portion of the flexor hallucis longus muscle; MRI left ankle dated 7/8/2015 which revealed tears involving the tibialis anterior tendon, tibialis posterior tendon and peroneus brevis tendon, suspect partial tears of the posterior tibiofibular ligament and deep fibers of the deltoid ligament and mild osteoarthritis. Posterior spring leaf AFO brace is medically appropriate to provide stability for the left ankle/foot in a patient with left drop foot who is being treated conservatively. The request for a Posterior spring leaf AFO is medically appropriate and necessary for this patient at this time.