MAXIMUS Federal Services

Case Number:	CM15-0182923		
Date Assigned:	09/23/2015	Date of Injury:	09/16/2013
Decision Date:	10/28/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/17/2015

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:

This 32 year old female sustained an industrial injury on 9-16-13. The injured worker is being treated for pain in limb. Treatments to date include MRI testing and prescription medications. The injured worker has continued complaints of right ankle pain. The pain has affected the injured worker's activity level and ability to sleep. Upon examination, ankle range of motion was reduced. Pain reported ranges from 2 to 8 out of a scale of 10. An x-ray of the right ankle dated 7-16-15 revealed no negative findings. The injured worker has remained off work. A request for Richie Brace purchase and foot functional orthotics purchase was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Foot Functional Orthotics purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Medical History, Diagnostic Criteria, Physical Methods. Decision based on Non-MTUS Citation Foot Ankle Int 1997 Mar; 18 (3): 163-9. Treatment Algorithm of Chronic Ankle and Subtler instability. Therman H1, Zwipp H, Tscherne H.

Decision rationale: The record demonstrates a lack of response to conservative and surgical care in the management of the injured worker's ankle pathology. In shoe, functional orthosis provide a limited measure of dynamic control of the foot and ankle. The record demonstrates that the injured worker did not achieve relief from aggressive support. The injured worker's right lower extremity condition is subject to a complex differential diagnosis and requires further assessment. The requested functional foot orthosis are not certified as medically necessary.

Richie Brace purchase: 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 (updated 6/22/2015) Online Version Bracing (immobilization).

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Medical History, Diagnostic Criteria, Physical Methods. Decision based on Non-MTUS Citation 1. Foot Ankle Int 1997 Mar; 18(3): 163-9.Treatment Algorithm of Chronic Ankle and Subtler instability. Therman H1, Zwipp H, Tscherne H.2. Taga I, et al. Articular cartilage lesions in ankles with lateral ligament injury. An Arthroscopic study. Am J Sport Med 1993; 1: 120-6.3. Karlsson J, Andreasson GO. The effect of external ankle support in chronic lateral ankle instability. An electromyographic study. Am J Sport Med. 1992; 20: 257-261.

Decision rationale: The record provides evidence of diagnostic study and evidence based treatment as recommended by the MTUS guidelines. The current diagnosis is essentially unchanged throughout the given record. Many treatment modalities have been applied without positive, sustainable outcome including a cast boot, which is an AFO device. A Richie Brace is a comparable AFO device. The record of multiple incidents of falling and functional limitations confirms instability of gait. Post traumatic and post operative scarring, fibrosis, talar abnormality as well as concern over CRPS are recorded. The foot arches are recorded as normal. There are many possible causes for the injured workers difficulties and there are consequently a variety of treatment strategies. The injured worker has not responded positively to ongoing AFO management. There is no record for the justification of a Richie brace. Without consideration of required study and evaluation, the requested treatment modality, a Richie Brace, cannot be considered for advisement. A Richie brace cannot be certified as medically necessary.