

Case Number:	CM15-0196253		
Date Assigned:	10/09/2015	Date of Injury:	10/11/2014
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 64 year old male with an industrial injury date of 10-11-2014. Medical record review indicates he is being treated for left lower extremity chronic atrophy secondary to polio and post-polio syndrome. Subjective complaints (08-25-2015) included pain in right shoulder radiating to right elbow, left leg pain radiating to left lower extremity (knee to lower leg) neck pain and low back pain. Work status is documented (08-25-2015) as 'may return to work with office duties and sedentary duties only. No lifting, pushing pulling or carrying over 5 pounds.' Medical record review does not indicate prior treatment for the left lower extremity. Electromyography-nerve conduction studies dated 07-15-2015 are documented by the provider as: Abnormal EMG and NCV of left lower extremity. Chronic neurogenic changes in lumbar 5 and sacral 1 myotomes consistent with history of polio. No active denervation potentials seen to suggest active polio or concurrent radiculopathy. No evidence of peripheral neuropathy. Objective findings (08-25-2015) included antalgic gait favoring left lower extremity. There is generalized atrophy in the left leg consistent with polio. No soft tissue swelling was noted. On 09-08-2015 the request for consultation orthopedics for orthotics and AFO left lower extremity dorsiflex assist x 1 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation Orthopedics for Orthotics and AFO left lower extremity dorsiflex assist x1:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury in October 2014 when, while working as a truck driver, his vehicle was stopped and rear-ended by another truck. He continues to be treated for right shoulder pain radiating to the right elbow, left leg pain radiating from the knee to the lower leg, neck pain, and low back pain. He has a history of poorly controlled diabetes and post polio syndrome. When seen, there was an antalgic gait favoring the left lower extremity. There was left lower extremity atrophy consistent with his history of polio. There was decreased left lower extremity strength with 5-/5 hip flexion, and knee flexion and extension strength, and 3/5 ankle and first toe dorsiflexion and plantar flexion strength. Authorization was requested for an ankle foot orthosis with dorsiflexion assist and an orthotics consult. An ankle foot orthosis (AFO) is recommended as an option for foot drop. In this case, the claimant has history of polio with left lower extremity atrophy and weakness. His gait is described as antalgic, i.e. painful, and there is no described foot drop. The requested AFO with dorsiflexion assist is not considered medically necessary. Although he has diabetes and, if an AFO were indicated, the type of AFO would need to be carefully considered, the brace is not considered medically necessary and therefore a consultation with an orthotist is also not considered medically necessary.