

Case Number:	CM15-0209220		
Date Assigned:	10/28/2015	Date of Injury:	07/14/2008
Decision Date:	12/14/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/23/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 55 year old female who sustained an industrial injury on 7-14-2008. A review of the medical records indicates that the injured worker is undergoing treatment for chronic discogenic low back pain with left sciatica, post-traumatic degenerative osteoarthritis right knee with multiple surgical procedures and status post bunionectomy right and left foot with residual. According to the progress report dated 3-19-2015, the injured worker complained of general soreness in both knees and peroneal weakness on the right. She was walking two miles a day. Objective findings (3-19-2015) revealed a slight limp. Muscle strength revealed 5 of 5 quadriceps strength, 3+ of 5 right peroneals and 4+ of 5 TA and extensor hallucis longus (EHL). Treatment has included multiple right knee procedures, physical therapy and medications (Oxycodone, Nortriptyline and Aleve). The treatment plan (3-19-2015) was for an ankle foot orthotic (AFO) for the right leg to help with walking and minimize the risk of falling. The original Utilization Review (UR) (9-30-2015) denied a request for a right foot ankle foot orthotic (AFO).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Foot AFO: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

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, Orthotic Devices, Ankle foot orthosis (AFO).

Decision rationale: Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. Ankle foot orthosis 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. Any equinus contracture prohibits its successful use. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. Prolonged supports or bracing are not recommended without exercise due of risk of debilitation. In this case there is no documentation to support the diagnosis of plantar fasciitis, rheumatoid arthritis, or foot drop. Documentation states that the patient is able to walk 2 miles daily. Criteria for AFO use have not been met. The request should not be medically necessary.