

Case Number:	CM15-0028774		
Date Assigned:	02/20/2015	Date of Injury:	03/09/2010
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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 47-year-old male, with a reported date of injury of 03/09/2010. The diagnoses include status post right subtalar joint fusion, with residuals. Treatments for the right ankle and foot were not specified in the medical records. The progress report dated 12/02/2014 indicates that the injured worker that the injured worker complained of pain in his right foot and ankle that was exacerbated with any weight-bearing. The specialist indicated that the injured worker would benefit from a custom fit AFO. The objective findings showed a well-healed surgical incision along the lateral aspect of the right foot and ankle; and limited plantar flexion and dorsiflexion. The treating physician requested a custom fit AFO for the right foot and ankle. The rationale for the request was not indicated. On 01/23/2015, Utilization Review (UR) denied the request for custom fit AFO for the right foot and ankle. The UR physician noted that the documentation did not reflect the objective evidence of foot drop or neurologic deficit, which would show the need for an AFO to facilitate neurologic recovery. The ACOEM Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom fit ankle-foot orthosis (AFO) for the right foot and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Ankle Foot Orthosis (AFO)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Procedure summary, ankle and foot, page 12

Decision rationale: The above-mentioned case summary is noted by me to day. Additions are noted below. On 11/6/2014 this patient was evaluated for foot pain. Pain is noted to the lateral aspect of the foot patient was diagnosed with peroneal tendinitis, fracture of the second and third metatarsals with mal- union, chronic pain, status post STJ fusion. During this visit a request and recommendation for a custom fit AFO was recommended. After careful review of the enclosed information and the pertinent ODG guidelines for this case, it is my feeling that the request for the custom fit AFO is not medically reasonable or necessary for this patient at this time. Recommendations state that an AFO may be utilized as an option for foot drop. An AFO is also used during surgical or neurologic recovery. There is no documentation to support these requirements in this case.