

Case Number:	CM15-0220060		
Date Assigned:	11/13/2015	Date of Injury:	12/18/2013
Decision Date:	12/23/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/10/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 45 year old female, who sustained an industrial injury on 12-18-2013. The injured worker was diagnosed as having twisting injury, arthrofibrosis, plantar fasciitis, and peroneal tendon rupture. Treatment to date has included diagnostics, cortisone injections, night splint, functional orthotics, physical therapy, and medications. On 10-19-2015, the injured worker complains of constant pain to her right foot and ankle, rated 4 out of 10. She reported that any repetitive weight-bearing increased pain to 8 out of 10. Medication included Ibuprofen. Exam of the right ankle noted moderate tenderness to the lateral aspect in the area of the lateral gutter and anterior talofibular ligament, moderate tenderness to the peroneal tendons just posterior to the lateral malleolus, extending into the inferior peroneal retinaculum. There was some thickening of the peroneal tendons and placing the peroneal tendons on stretch produced moderate pain. There was 3+ edema to the lateral ankle and sinus tarsi region. Loss of motion was noted, with no evidence of subtalar instability, and trace to 1+ right ankle instability. Muscle strength was equal and symmetrical and sensation was well-preserved. Magnetic resonance imaging of the right ankle (4-2014) was documented to show tenosynovitis involving the posterior tibial tendon, scarring of the anterior talofibular ligament compatible with remote partial tear, small joint effusion, ankle mortis, and intact talar dome. Work status was "not permanent and stationary". Hinge brace AFO was requested to control pain and instability to the right ankle, to provide mobilization with restriction of excessive motion to the foot and ankle, noting that this brace would not result in immobilization. On 10-30-2015 Utilization Review non-certified a request for 1 hinge brace AFO.

IMR ISSUES, DECISIONS AND RATIONALES

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

One hinge brace AFO: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Ankle and Foot Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot section, Orthotics.

Decision rationale: Pursuant to the Official Disability Guidelines, one hinged brace (AFO) is not medically necessary. Orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis and heel spur syndrome). See guidelines {for} additional details. Ankle foot orthosis is used during surgical or neurologic recovery. The specific purpose of an AFO to provide toe dorsi flexion during the swing phase, medial and lateral stability of the ankle during stance, and, if necessary, pushes off stimulation during the late stance phase. In this case, the injured worker's working diagnoses are status post twisting injury right foot and ankle; posttraumatic arthrofibrosis right ankle with lateral impingement lesion; plantar fasciitis; and assess for peroneal tendon split rupture. Date of injury is December 18, 2013. Request for authorization is October 22, 2015. Documentation from September 16, 2015 progress note shows there is full active range of motion in the right ankle with a steady gait, although antalgic. According to an October 19, 2015 progress note, subjective complaints are pain in the right foot 4/10 and with weight bearing 8/10. Objectively, there is trace to 1+ instability. There is moderate tenderness in the lateral right ankle and moderate tenderness in the peroneal tendons right ankle. There is 3+ edema. Progress note documentation does not address the injured worker's gait. The injured worker works in her usual occupation in a full duty capacity. An MRI of the right ankle dated April 25, 2014 show tenosynovitis involving the posterior tibialis tendon and scarring of the anterior talofibular ligament compatible with a remote partial tear injury and mild to moderate adjacent soft tissue edema swelling. There was no documentation of a neurologic deficit (for drop) or other pathology that would support the AFO. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating ambulatory difficulties, documentation indicating the worker is employed in her usual occupation and conflicting documentation from a September 16, 2015 progress note indicating the injured worker has a steady gait, although antalgic, one hinged brace (AFO) is not medically necessary.