

Case Number:	CM15-0033001		
Date Assigned:	02/26/2015	Date of Injury:	10/16/2013
Decision Date:	04/08/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic foot and lower extremity pain reportedly associated with an industrial injury of October 16, 2013. In a Utilization Review Report dated February 17, 2015, the claims administrator failed to approve a request for an ankle-foot orthosis/ankle support. Non-MTUS ODG guidelines were invoked. The applicant's attorney subsequently appealed. In a February 6, 2015 progress note, the applicant reported ongoing complaints of left knee and left leg pain. The applicant was given diagnoses of posttraumatic myofascial pain syndrome, left leg contusion, and left lower extremity neuropathy. The applicant was using Celebrex and Lyrica for pain relief. The attending provider stated that provision of ankle-foot orthosis would ameliorate the applicant's ability to walk. It was stated that an over-the-counter version had not proven successful. The attending provider suggested keeping the applicant off of work, on total temporary disability, in the interim. The attending provider reiterated his request for an ankle-foot orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle carbon fiber (AFO): Overturned

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, and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

Decision rationale: Yes, the proposed left ankle carbon-fiber ankle-foot orthosis (AFO) was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, rigid orthotics are deemed recommended for applicants with appropriate diagnoses. Here, the applicant has ongoing complaints of foot and ankle pain reportedly exacerbated by weight bearing activities. The attending provider has posited that a previously provided generic orthosis was ineffective in attenuating the applicant's pain complaints. Introduction of the carbon-fiber orthotic, thus, was indicated. Therefore, the request was medically necessary.