

Case Number:	CM15-0236514		
Date Assigned:	12/11/2015	Date of Injury:	12/17/2012
Decision Date:	01/20/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	12/03/2015

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 48 year old male with an industrial injury date of 12-17-2012. Medical record review indicates he is being treated for chronic low back strain, left knee medial meniscus tear, right knee status post quadriceps tendon repair, status post left Achilles tendon reconstruction, status post left foot tibialis anterior tendon repair, status post soft tissue infection left foot and right ankle pain. Subjective complaints (09-25-2015) included "some diffuse discomfort but nothing like he had before." "The tibialis anterior is not something that requires surgery any longer." In the 10-05-2015 treatment noted current work status is noted as "not working at this time." Prior treatment included physical therapy, rehab, pool therapy, left ankle and foot surgery. Physical exam (10-05-2015) noted tenderness palpable over the right medial malleolus and left lateral malleolus. Tenderness was also palpable over the anterior talofibular ligament and the Achilles on the left. There was tenderness over the right medial joint line and the left lateral joint line of the right knee. On 11-09-2015 the request for retrospective: Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf (DOS 9/25/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf (DOS 9/25/15): Upheld

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 & Foot - Bracing (immobilization).

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), Compression.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in December 2012, when, while working as an Instructional Aide, he was chasing a student and felt left Achilles and ankle/foot pain. He underwent a left Achilles tendon repair with grafting in September 2013 and revision surgery in December 2014 with a flexor hallucis longus transfer. His surgery was complicated by infection and incision and drainage with debridement was done in February 2015. He was seen for an initial physical therapy evaluation on 09/02/15. He was having left ankle pain and difficulty when walking for long periods of time. His foot was highly sensitive to touch. He was having episodes of loss of balance 1-2 times per day but had not fallen. Physical examination findings included a weight of 365 pounds. There was decreased ankle range of motion and first toe flexion was absent. He had a wide base of support with decreased left ankle dorsiflexion. Treatment was planned two times per week for six weeks. As of 09/23/15 he was attending the fifth treatment session. He was having less sensitivity to touch. Physical examination findings were distal Achilles tenderness. When seen on 09/25/15 he was continuing to progress significantly. He was walking in sneakers. He was still having some diffuse discomfort. The tibialis anterior appeared to be healing on its own and surgery was no longer required. There was no physical examination recorded. Recommendations included completion of physical therapy. A brace was provided to help with swelling. Guidelines recommend compression in combination with rest, ice, and elevation for a limited period of time in the treatment of an acute ankle injury. In this case, there was no acute injury. No findings of edema or swelling were recorded when the request was made or when seen in physical therapy two days before. The requested support is not considered medically necessary.