MAXIMUS Federal Services

Case Number:	CM14-0115543		
Date Assigned:	08/04/2014	Date of Injury:	05/15/2012
Decision Date:	10/17/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43 year old with an injury date on 6/15/12. Patient complains of cervical pain radiating down right upper extremity, and low lumbar pain radiating down right lower extremity rated 6/10 with medications, and 8/10 without medications per 5/5/14 report. Patient has right ankle/foot pain increasing with weight bearing per 4/14/14 report, and only had mild relief from 36 sessions of chiropractic treatment, 36 sessions of acupuncture, and 18 sessions of physical therapy. Based on the 5/5/14 progress report provided by [redacted] the diagnoses are: 1. cervical radiculitis 2. chronic pain other 3. lumbar facet arthropathy 4. lumbar radiculitis5. lumbar spinal stenosis. Exam on 5/5/14 showed "decreased sensitivity to touch along L5-S1 dermatomes in both lower extremities. Motor exam shows decreased strength of extensor/flexor muscles in bilateral lower extremities." The 4/14/14 report showed tenderness to palpation in right foot medially and laterally. No range of motion testing of right foot/ankle was included in reports. [redacted] is requesting night splint, left ankle. The utilization review determination being challenged is dated 6/24/14. [redacted] is the requesting provider, and he provided treatment reports from 12/19/13 to 5/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Night Splint, Left 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 and Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Ankle/foot brace ODG guidelines, ankle chapter for: Ankle foot orthosis (AFO) 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 fo

Decision rationale: This patient presents with neck pain, right arm pain, lower back pain, and right leg pain. The treater has asked for night splint, left ankle. Regarding Ankle foot orthosis (AFO), ODG guidelines recommend 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. In this case, the included documentation does not include any mention of a surgery of the foot. The diagnoses do not indicate any foot problems, and the physical examination only indicates tenderness to palpation of the right foot. The requested ankle foot orthosis is not medically necessary per ODG guidelines. The request is not medically necessary.