

<b>Case Number:</b>	CM14-0120311		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Family Practice and is licensed to practice in Ohio. 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 injured worker is a 51 year old female with a history of a slip and fall injury on 6-6-2011. Medical records reviewed. She initially injured the right knee and wrist but 2-3 months later developed left ankle pain. An MRI scan of the left ankle was consistent with tears of the posterior tibial and spring ligaments. The physical exam has revealed diminished left ankle range of motion, a positive posterior draw test and positive varus and valgus stress maneuvers. There is chronic tenderness over the posterior tibial and spring tendons. The symptoms have not improved with oral opioids and anti-inflammatory medications. The relevant diagnoses include tears of the left posterior tibial and spring ligaments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left ankle-foot orthosis:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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, Ankle-foot orthosis (AFO)

**Decision rationale:** Ankle foot orthosis are recommended as an option for foot drop and during surgical or neurologic recovery. The specific purposes of an AFO are 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 foot can achieve plantigrade position when standing (Standing on the toes). Any foot contracture prohibits its successful use. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. If the AFO fits posterior to the malleoli (posterior leaf spring type), plantar flexion at heel strike is allowed, and push-off returns the foot to neutral for the swing phase. This provides dorsiflexion assistance in instances of flaccid or mild spastic equinovarus deformity. A shoe-clasp orthosis that attaches directly to the heel counter of the shoe also may be used. In this instance, there is documented ankle instability with positive posterior drawer testing and varus/valgus stress testing. To provide medial ankle stability, a left ankle-foot orthosis is medically necessary.