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| Case Number: | CM14-0123865 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 01/18/2010 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 07/16/2014 |
| Priority: | Standard | Application Received: | 08/06/2014 |

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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:

This is 51 year old claimant who sustained a fracture on 1/18 2010. Unfortunately the claimant suffered a refracture and open reduction internal fixation (ORIF) ensued on 9/6/2011. Complicating his care is a history of polio. The claimant has been left with antalgic gait with high riding arch. The claimant is dependent upon a Ankle-Foot-Orthotic (AFO) brace. The claimant had a Qualified Medical evaluation with [REDACTED] 7/8/2014 who opined that analgesic medication AND (AFO) brace need to be continued but no further treatment modalities were medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ankle Brace: 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): Ankle and Foot Chapter, Bracing

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-Orthotic

Decision rationale: The claimant has need for AFO brace in order to ambulate. The brace is actually an Ankle-Fracture-Orthotic. This is reasonable given the fracture sustained and in light of the past history of polio. This is not a simple "brace" but represents an Orthotic appliance. Medical necessity has been established.