

Case Number:	CM14-0211003		
Date Assigned:	12/23/2014	Date of Injury:	11/14/2011
Decision Date:	02/27/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, 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:

This is a patient of the date of injury of November 14, 2011. A utilization review determination dated December 3, 2014 recommends noncertification for a custom AFO brace. Noncertification was recommended due to lack of documentation identifying the need for a custom AFO and failure of a trial of an off-the-shelf brace. An MRI of the left ankle dated December 30, 2014 identifies Achilles tendinitis, split tear of the Peroneus brevis tendon, increased signal in the deep deltoid tendon, and bony coalition. A progress report dated October 22, 2014 identifies subjective complaints of pain in the left Achilles region. She feels no improvement and "no change in pain to the affected area with custom-made functional foot orthotics which she continues to wear with good supportive shoes daily." Physical examination findings revealed decreased tenderness to palpation in the left Achilles tendon and sinus tarsi. Diagnoses include Achilles tendinitis, ankle sprain, and pain. The treatment plan recommends weight loss, prefabricated ankle support on the left ankle, continue topical medication, continue stretching, and "advised patient to continue wearing her custom-made functional foot orthotic with good supportive shoes daily."

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment: Custom AFO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/ankle.htm>)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-3 on page 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices

Decision rationale: Regarding the request for Custom AFO brace, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with plantar fasciitis or foot pain in rheumatoid arthritis. There is no documentation of a trial with a prefabricated orthosis or a statement that the orthosis will be needed for long-term pain control. Additionally, it appears that the patient already has a custom orthotic which has not improved her complaints, and it is unclear why an additional brace would be necessary. In the absence of clarity regarding those issues, the current request for Custom AFO brace is not medically necessary.