

Case Number:	CM15-0013896		
Date Assigned:	02/02/2015	Date of Injury:	10/22/2013
Decision Date:	03/19/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58 year old male sustained a work related injury on 10/22/2013. On 09/25/2014, the injured worker underwent ankle arthrodesis with internal fixation, bone marrow aspiration and bone graft from separate site. According to a progress report dated 11/20/2014, the injured worker was status post 8 weeks from surgery. Objective findings included improved and healed incision and slight residual edema. Diagnosis included status post left ankle arthrodesis revision. The injured worker was temporarily totally disabled. Radiographic imaging showed good alignment of the ankle joint good compression. Plan of care included strapping; apply short leg cast, fiberglass splint, fiberglass casting material and removal/revision of cast. According to a progress report dated 02/03/2015, there was slight residual edema. The incision was improved and healed. The arthrodesis was slowly beginning to incorporate. The provider noted that he would like for the injured worker to weight-bear without torquing the arthrodesis. He was to continue to use crutches when he was ambulating. He remained temporarily totally disabled. On 01/08/2015, Utilization Review non-certified Orthotics for left AFO. According to the Utilization Review physician, documentation did not reflect the objective evidence of plantar heel pain (plantar fasciitis, plantar fasciosis and heel spur syndrome) and metatarsalgia to support the requested treatment. Guidelines cited for this review included CA MTUS ACOEM Chapter 14, Ankle and Foot Complaints and the Official Disability Guidelines, Ankle and Foot. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics for left AFO: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: According to the guidelines, orthotics are recommended for appropriate diagnoses. In this case, the claimant underwent ankle surgery and had swelling after prior cast use. Although it is often used for plantar fasciitis this surgery and diagnosis can cause similar instability and pain. The claimant had significant degenerative arthritis. Although the ankle was stable and proprioception was improving, an orthotic, AFO after is appropriate and medically necessary.