

Case Number:	CM15-0017702		
Date Assigned:	02/05/2015	Date of Injury:	03/09/2010
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/29/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male sustained a work related injury on 03/09/2010. According to a progress report dated 12/02/2014, the injured worker had continued complaints of pain and stiffness in his left hand and wrist as well as pain in his right foot and ankle that was exacerbated with any weight bearing. He also had continued complaints of low back pain exacerbated by prolonged standing or walking. Objective findings included tenderness in the lower lumbar paravertebral musculature, forward flexion 45 degrees, extension to 10 degrees and lateral bending to 30 degrees. Sitting straight leg raise was negative bilaterally. Examination of the right foot/ankle revealed a well healed surgical incision along the lateral aspect of the foot and ankle. There was limited plantar flexion and dorsiflexion. The injured worker ambulated with the aid of a cane. Diagnoses include internal derangement left wrist, status post carpal tunnel release, status post right subtalar joint fusion with residuals, psychological diagnosis and lumbar spinal stenosis L4-5 moderate. According to a previous progress report dated 11/06/2014, objective findings were noted as walks with a cane, wrist in brace, pain lateral foot with positive Tinel's following sural nerve, remaining NV intact, pain with palpation to lateral 5th ray and lateral rear foot, restricted range of motion 5th ray and cc joint, shortened stance phase right lower extremity, pain with palpation to peroneal complex lateral foot and ankle. On 12/29/2014, Utilization Review non-certified custom fit Ankle-Foot Orthoses (AFO) for right foot and ankle. According to the Utilization Review physician, there was no evidence of drop foot or neurologic deficit which would necessitate an Ankle-Foot-Orthoses to facilitate neurologic recovery. Guidelines cited for

this review included CA MTUS ACOEM Chapter 14, Ankle and Foot Complaints and the Official Disability Guidelines. 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:

Custom fit Ankle-Foot Orthoses(AFO) for right foot and ankle: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle and Foot, Ankle-Foot Orthoses

Decision rationale: The patient presents with left hand, wrist, right foot, and ankle pain. The current request is for Custom fit Ankle-Foot Orthoses (AFO) for right foot and ankle. The treating physician states, "Patient complains of pain in his right foot and ankle that is exacerbated with any weight bearing. He did undergo an evaluation with [REDACTED] who has recommended no further surgery. However, he indicates the patient would benefit from a custom fit AFO." (B.5) The ODG Guidelines states Ankle-Foot Orthoses are, "Recommended as an option for foot drop." In this case, the patient has previously had surgery and is status post right subtalar joint fusion and examination findings show limited dorsiflexion of the right foot. The current request is medically necessary and the recommendation is for authorization.